

Epworth Sleepiness Scale

Date: _____

Name: _____ **Age:** _____ **Sex:** _____

How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently, try to rate how they would have affected you.

Use the following scale to choose the most appropriate number for each situation:

0 = would never doze *1 = slight chance of dozing*
2 = moderate chance of dozing *3 = High chance of dozing*

Situation	Dozing Rate
Sitting and reading	_____
Watching TV	_____
Sitting, inactive in a public place (i.e. movie, meeting)	_____
As a passenger in a car for an hour without a break	_____
Resting in the afternoon, when circumstances permit	_____
Sitting and talking to someone	_____
Sitting quietly after lunch without alcohol	_____
In the car, while stopped for a few minutes in traffic	_____
<i>Total Score</i>	_____

Behavior During Sleep

Use the following scale to choose the most appropriate number for each situation:

0 = never during a usual night *1 = less than once a week*
2 = once to about half of nights per week *3 = half to almost always*
4 = almost always or every night *? = not known or never been told*

During your usual sleep, you have noticed or have been told, you do the following:

Situation	Number rating
Snore loudly	_____
Stop breathing	_____
Choke, struggle for breath	_____
Toss and turn frequently	_____
Wake up with a headache	_____
<i>Total Score</i>	_____

Your usual number of hours of sleep per night _____
 Number of times you rise to use the restroom _____
 Height _____ft. _____inches. Present weight _____lbs. Weight gained in the last 12 mos _____lbs.
 Have you ever had an overnight sleep test? _____