

Patient Name: _____ **Date of Birth:** _____

EPWORTH SLEEPINESS SCALE

In contrast to just feeling tired, how likely are you to doze off or fall asleep in the following situations? Even if you have not done some of these things recently, try to work out 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**

<u>SITUATION</u>	<u>CHANCE OF DOZING</u>
Sitting and Reading	_____
Watching TV	_____
Sitting inactive in a public place (i.e., in a theatre)	_____
As a car passenger for an hour without a break	_____
Lying down to rest in the afternoon	_____
Sitting and talking to someone	_____
Sitting quietly after lunch (without alcohol)	_____
In a car, while stopping for a few minutes in traffic	_____
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TOTAL SCORE =	_____

Have you had a sleep study? _____

Do you own a CPAP? _____ **If so, do you use it nightly?** _____

SIGNATURE: _____ **DATE:** _____