

Epworth Sleepiness Scale: 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 work out how they would have affected you.

Use the following scale to mark the most appropriate box for each situation.

0= would never doze

1 = slight change of dozing

2 = moderate chance of dozing

3 = high change of dozing

Score 0 - 3

Sitting and reading _____

Watching TV _____

Sitting, inactive, in a public place (theater, meeting, etc) _____

As a passenger in a car for an hour without a break _____

Lying down to rest in the afternoon when circumstances permit _____

Sitting and talking to someone _____

Sitting quietly after lunch without alcohol _____

In a car, while stopped for a few minutes in traffic _____

TOTAL SCORE _____

A score of ten or above indicates you may be having a problem with daytime sleepiness. However, below ten does not necessarily mean you do not have a problem.

Frequency 0-1 times/week 1-2 times/week 3-4 times/week 5-7 times/week

On average in the past month, how often have you snored or been told that you snored?

Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost always _____

Do you wake up choking or gasping?

Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost always _____

Have you been told that you stop breathing in your sleep or wake up choking or gasping?

Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost always _____

Do you have problems keeping your legs still at night or need to move them to feel comfortable?

Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost always _____