

EPWORTH SLEEPINESS SCALE (<http://epworthsleepinessscale.com>)

PATIENT: _____ DATE OF BIRTH: _____ TODAY'S DATE: _____

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just 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, circle the most appropriate number for each situation:



Situation:	Chance of Dozing:	Situation:	Chance of Dozing:
Sitting & reading	0 1 2 3	Lying down to rest in the afternoon when circumstances permit	0 1 2 3
Watching TV	0 1 2 3	Sitting quietly after a lunch without alcohol	0 1 2 3
Sitting inactive in a public place (e.g. a theater or a meeting)	0 1 2 3	In a car, while stopped for a few minutes in traffic	0 1 2 3
As a passenger in a car for an hour without a break	0 1 2 3		
Sitting and talking to someone ..	0 1 2 3	TOTAL _____	

BED PARTNER SURVEY

Please have your bed partner complete this section, referring to their observation of you.

How likely is your partner to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. Rate using the same scale listed above.

Situation:	Chance of Dozing:	Situation:	Chance of Dozing:
Sitting & reading	0 1 2 3	Lying down to rest in the afternoon when circumstances permit	0 1 2 3
Watching TV	0 1 2 3	Sitting quietly after a lunch without alcohol	0 1 2 3
Sitting inactive in a public place (e.g. a theater or a meeting)	0 1 2 3	In a car, while stopped for a few minutes in traffic	0 1 2 3
As a passenger in a car for an hour without a break	0 1 2 3		
Sitting and talking to someone ..	0 1 2 3	TOTAL _____	