

EPWORTH SLEEPINESS SCALE

In contrast to feeling tired, are you likely to doze or fall asleep in the following situations?

- 0 = Never
- 1 = Slight chance
- 2 = Moderate chance
- 3 = Regularly

Sitting quietly after lunch with no alcohol?

0 1 2 3

In a car while stopped for a few minutes in traffic?

0 1 2 3

Sitting inactive in a public place (e.g., a theater)?

0 1 2 3

As a passenger in a car for more than an hour without a break?

0 1 2 3

Sitting and reading?

0 1 2 3

Watching television?

0 1 2 3

Lying down to rest in the afternoon?

0 1 2 3

Sitting and talking to someone?

0 1 2 3

Total of all numbers circled: _____

APNEA/SNORING

Please circle any of your symptoms and how often they occur.

- 0 = Never
- 1 = Rarely
- 2 = Some of the time
- 3 = Frequently
- 4 = Most of the time

I have been told that I snore loudly even when I am sleeping on my side.

0 1 2 3 4

I have been told that I 'stop breathing' when sleeping.

0 1 2 3 4

I wake up in the morning with headaches.

0 1 2 3 4

Total of all numbers circled: _____