EPWORTH SLEEPINESS SCALE

PATIENT: _____ DATE OF BIRTH: _____ 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 to choose the most appropriate number for each situation:

0 = no chance of dozing **1** = slight chance of dozing **2** = moderate chance of dozing **3** = high chance of dozing

Situation	**Chance of Dozing**
Sitting & reading	_____
Watching TV	_____
Sitting inactive in a public place (e.g. a theater or a meeting)	_____
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 a lunch without alcohol	_____
In a car, while stopped for a few minutes in traffic	_____
TOTAL	_____

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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.

0 = no chance of dozing **1** = slight chance of dozing **2** = moderate chance of dozing **3** = high chance of dozing

Situation	**Chance of Dozing**
Sitting & reading	_____
Watching TV	_____
Sitting inactive in a public place (e.g. a theater or a meeting)	_____
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 a lunch without alcohol	_____
In a car, while stopped for a few minutes in traffic	_____
TOTAL	_____