

Epworth Sleepiness Scale

Patient Name: _____

Date: ____ / ____ / ____

M or F

Height: ____ ft. ____ in.

Weight: ____ lbs.

D.O.B. ____ / ____ / ____

Age: ____

Please answer the following questions to the best of your ability

| | | | |
|--|-------------|-----------------|---------------|
| Do you snore at night? | Yes | No | Occasionally |
| <i>If yes, how would you rate the severity?</i> | | | |
| | <i>Mild</i> | <i>Moderate</i> | <i>Severe</i> |
| Have you been told that you have pauses in your breathing while asleep? | Yes | No | Occasionally |
| Do you have difficulty falling asleep at the beginning of the night? | Yes | No | Occasionally |
| Do you have difficulty staying asleep throughout the night? | Yes | No | Occasionally |
| Do you experience a restless sensation in your legs while lying in bed? | Yes | No | Occasionally |
| Have you been told that you make kicking and twitching movements while asleep? | Yes | No | Occasionally |
| Do you feel drowsy when driving? | Yes | No | Occasionally |
| Do you experience excessive tiredness during the day? | Yes | No | Occasionally |
| Do you occasionally awaken feeling paralyzed? | Yes | No | Occasionally |
| Do you experience sudden loss of strength in your legs or arms during the day? | Yes | No | Occasionally |
| <i>If yes, are these brought on by a sudden frightening event or laughter?</i> | Yes | No | Occasionally |

Do you experience the following:

| | | | | |
|------------|------------|--------------------|---------------------|------------------|
| Dry Mouth | Headaches | Excessive Sweating | Chocking or Gasping | Nasal Congestion |
| Chest Pain | Heart Burn | Seasonal Allergy | | |

How likely are you to doze off or fall asleep during the day in the following situations?

| SITUATION | CHANCE OF DOZING | | | |
|--|------------------|---|---|---|
| Sitting and reading | 0 | 1 | 2 | 3 |
| Watching T.V. | 0 | 1 | 2 | 3 |
| Sitting, inactive in a public place (i.e., movie theater) | 0 | 1 | 2 | 3 |
| Lying down to rest in the afternoon when circumstances permit. | 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 |
| In a car, while stopped for a few minutes in traffic. | 0 | 1 | 2 | 3 |
| Sitting quietly after lunch without alcohol | 0 | 1 | 2 | 3 |

0 = Would never doze 1 = Slight chance of dozing 2 = Moderate chance of dozing 3 = High chance of dozing

0 - 9 - average score, normal population
10 - 24 - sleep specialist advice recommended