

# Epworth Sleepiness Scale

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Hours: From \_\_\_\_\_ to \_\_\_\_\_

Family MD: \_\_\_\_\_ Referring MD: \_\_\_\_\_

Please answer the following questions and rate yourself according to the scale.

**0 = Would never Doze**

**1 = Slight Chance of Dozing**

**2 = Moderate Chance of Dozing**

**3 = High Chance of Dozing**

How likely are you to fall asleep in the following situations?

- \_\_\_\_\_ Sitting and reading
- \_\_\_\_\_ Watching TV
- \_\_\_\_\_ Sitting, inactive in a public place like a theater or a work meeting
- \_\_\_\_\_ As a passenger in a car for an hour without a break
- \_\_\_\_\_ Laying 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**

Please answer the following “Yes” or “No”

- \_\_\_\_\_ Have you been told by a friends or family member that you snore?
- \_\_\_\_\_ Do you often feel tired or have headaches in the morning?
- \_\_\_\_\_ Do you have high blood pressure?
- \_\_\_\_\_ Have you been told you have pauses in your breathing during sleep?
- \_\_\_\_\_ Do you have diabetes?

If you answered “Yes” to 2 or more of the above questions, it’s time to talk with your physician to determine if a study at Faith Regional’s Sleep Center is right for you!

