

Epworth Sleepiness Scale

Name: _____

Date: _____

How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling 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 = would **never** doze

1 = **slight chance** of dozing

2 = **moderate chance** of dozing

3 = **high chance** of dozing

Circle the most appropriate number for each situation

<u>Situation</u>	<u>Chance of Dozing</u>
Sitting and reading	0 1 2 3
Watching TV	0 1 2 3
Sitting, inactive, in a public place such as a theater or meeting	0 1 2 3
As a passenger in a car for an hour without a break	0 1 2 3
Lying down to rest in the afternoon when circumstances permit	0 1 2 3
Sitting and talking to someone	0 1 2 3
Sitting quietly after lunch without alcohol	0 1 2 3
In a car, while stopped for a few minutes in traffic	0 1 2 3

To score this section, add the numbers you circled to get your Total Epworth Sleepiness Score _____

A score above 10 means that you should see your physician.

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Snoring Scale

Please circle the answer to each of the three questions below that best describes your snoring. Have your bed partner fill this out or else fill in the answers you have learned from your partner or family.

1. How often do you snore?
 - a. Every night.
 - b. Most nights (more than half).
 - c. Some nights (less than half).
 - d. Very rarely or never.

2. How much do you snore?
 - a. All the time throughout the night.
 - b. Most of the time throughout the night (more than half).
 - c. Some of the time throughout the night (less than half).
 - d. Hardly at all or none.

3. How loud is your snoring?
 - a. Can be heard throughout the house with the bedroom door closed.
 - b. Can be heard in the next room with the bedroom door closed.
 - c. Can only be heard in the bedroom.
 - d. No snoring noise.

Scoring this section: a = 3 points, b = 2 points, c = 1 point, d = 0 points. Score: _____

A score of five or more points means you should speak with your physician.

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