



## EPWORTH SLEEPINESS SCALE

How likely are you to doze off or fall asleep in the situations described in the boxes below, in contrast to feeling just tired? This refers to your usual way of life in recent times. If you haven't done some of these things recently, try to work out how they would have affected you.

Using the scale to choose the **most suitable number** for each situation:

- 0 = would **never** doze
- 1 = **slight** chance of dozing
- 2 = **moderate** chance of dozing
- 3 = **high** chance of dozing

Situation	Chance of Dozing
Sitting and 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 Score =**

Please check if any of the symptoms below pertain to you:

<input type="checkbox"/>	Loud disruptive snoring	<input type="checkbox"/>	Choking, gasping or shortness of breath
<input type="checkbox"/>	Excessive daytime sleepiness	<input type="checkbox"/>	Dry mouth
<input type="checkbox"/>	Poor judgment or concentration	<input type="checkbox"/>	Frequent trips to the bathroom at night
<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	Acid Reflux (Heartburn)
<input type="checkbox"/>	Witnessed Apneas	<input type="checkbox"/>	Morning Headaches