

**Patient name:** \_\_\_\_\_ **DOB:** \_\_\_/\_\_\_/\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_\_

Please rate your **daytime sleepiness** on a scale from 0-5 (0 is no sleepiness, 5 is very sleepy): \_\_\_\_\_

Below are the **Epworth** and **Modified Epworth Sleepiness Scales**, which are used to help determine a person's level of daytime sleepiness.

### Epworth Sleepiness Scale

In the following situations, how likely are you to **doze off** or **fall asleep**, in contrast to just feeling tired? Even if you haven't done some of these things recently, try to work out how they would have affected you. *It is important that you answer each question as best as you can.*

*Use the following scale to choose the most appropriate number for each situation:*



Sitting and Reading	
Watching TV	
Sitting inactive in a public place (i.e. a theatre or	
As a passenger in a car for an hour without a break	

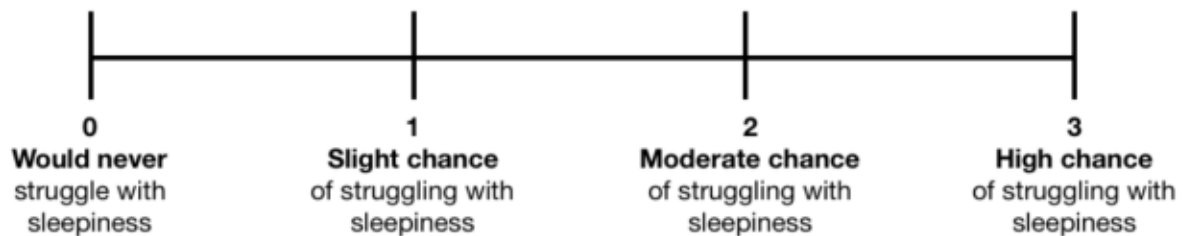
Lying down to rest in the afternoon	
Sitting and talking to someone	
Sitting quietly after a lunch without alcohol	
In a car, while stopped for a few minutes in traffic	

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### Modified Epworth Sleepiness Scale

In the following situations, how likely are you to be fighting off sleep or struggling to stay awake, in contrast to just feeling tired? Even if you haven't done some of these things recently, try to work out how they would have affected you. *It is important that you answer each question as best as you can.*

*Use the following scale to choose the most appropriate number for each situation:*



Sitting and Reading	
Watching TV	
Sitting inactive in a public place (i.e. a theatre or	
As a passenger in a car for an hour without a break	

Lying down to rest in the afternoon	
Sitting and talking to someone	
Sitting quietly after a lunch without alcohol	
In a car, while stopped for a few minutes in traffic	