

Patient Name: _____ Sex Male Female

Patients Age: _____ Today's Date: _____

Referral for Sleep Disorders Center | The Epworth Sleepiness Scale

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just 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

Chance	Situation of dozing
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_____	Sitting and reading
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_____	Watching TV
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_____	Sitting, inactive in a public place (e.g. theater or meeting)
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_____	As a passenger in a car for an hour without a break
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_____	Lying down to rest in the afternoon when circumstances permit
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_____	Sitting and talking to someone
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_____	Sitting quietly after a lunch without alcohol
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_____	In a car, while stopped for a few minutes in traffic
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While these scores are not absolute, a score of 0-10 would indicate that you are less likely to have a problem with sleepiness. A score of 10-14 suggests mild sleepiness. A score above 14 would suggest moderate to severe daytime sleepiness and you should speak to your physician regarding your sleepiness.

Patient signature: _____

Date: _____ Time: _____

Form reviewed by: _____

Phone number: _____