



THE EPWORTH SLEEPINESS SCALE

Patient Name: _____ DOB: _____ Age: _____

MM/DD/YY

Today's Date: _____ MALE / FEMALE

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 haven't 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 in 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							
	BEFORE CPAP USE				AFTER CPAP USE			
Sitting and reading	0	1	2	3	0	1	2	3
Watching TV	0	1	2	3	0	1	2	3
Sitting inactive in a public place (e.g. a movie theatre or meeting)	0	1	2	3	0	1	2	3
As a passenger in a car for an hour without a break	0	1	2	3	0	1	2	3
Lying down to rest in the afternoon when circumstances permit	0	1	2	3	0	1	2	3
Sitting and talking to someone	0	1	2	3	0	1	2	3
Sitting quietly after lunch without alcohol	0	1	2	3	0	1	2	3
In a car, while stopped for a few minutes in the traffic	0	1	2	3	0	1	2	3