

THE EPWORTH SLEEPINESS SCALE

Name: _____

Today's date: _____ Your age (years): _____

Your sex (male = M; female = F): _____

How likely are you to doze off or fall asleep in the following situations, in the 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:

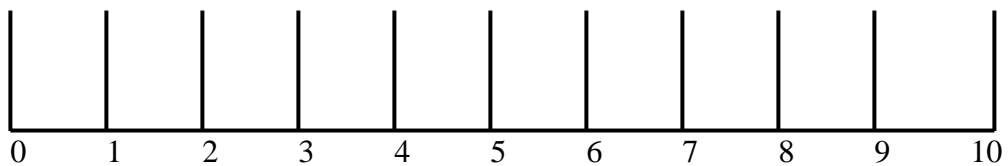
- 0 = would *never* doze
- 1 = *slight* chance of dozing
- 2 = *moderate* chance of dozing
- 3 = *high* chance of dozing

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 lunch with out alcohol	_____
In a car, while stopped for a few minutes in traffic	_____

Thank you for your cooperation

Snoring Evaluation Questionnaire

Evaluation of snoring as reported by bed partner:
(Circle a number)



A horizontal scale from 0 to 10. The scale consists of a horizontal line with vertical tick marks at each integer from 0 to 10. The numbers 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, and 10 are printed below the corresponding tick marks.

- 0-3 Occasional soft snoring—not bothersome to bed partner
- 4-6 Persistent snoring—bothersome to bed partner
- 7-9 Persistent loud snoring—frequently annoying to bed partner
- 10 Heroic snoring—continuous snoring not tolerated by bed partner

Patient: _____

Date: _____