

THE EPWORTH SLEEPINESS SCALE
Completed by Patient

Patient's Name: _____ Today's Date: _____
 Care Card(PHN): _____ Height / Weight: _____
 Family Doctor: _____ Date of Birth: _____
 (dd/mm/yyyy)

Does anyone smoke in your house?: _____

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

SITUATION	CHANCE OF DOZING <i>please circle one</i>			
• Sitting and reading	0	1	2	3
• Watching TV	0	1	2	3
• Sitting, inactive in a public place (e.g. a movie theatre or a meeting)	0	1	2	3
• As a passenger in a car for an hour without a break	0	1	2	3
• Lying down to rest in the afternoon when circumstances permit	0	1	2	3
• Sitting and talking to someone	0	1	2	3
• Sitting quietly after lunch without alcohol	0	1	2	3
• In a car, while stopped for a few minutes in the traffic	0	1	2	3

TOTAL _____

DO YOU HAVE ANY DRUG ALLERGIES? _____

WHAT MEDICATIONS DO YOU TAKE? _____

THE EPWORTH SLEEPINESS SCALE

Completed by Spouse in regard to the Patient

Patient's Name: _____

Spouse's Name: _____

How likely is your spouse to doze off or fall asleep in the following situations in contrast to feeling just tired? This refers to their *usual way of life in recent times*. Even if they have not done some of these things recently try to work out how they would have affected them. 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	Please rate the patient that is having the sleep test				CHANCE OF DOZING <i>please circle one</i>
• Sitting and reading	0	1	2	3	
• Watching TV	0	1	2	3	
• Sitting, inactive in a public place (e.g. a movie theatre or a meeting)	0	1	2	3	
• As a passenger in a car for an hour without a break	0	1	2	3	
• Lying down to rest in the afternoon when circumstances permit	0	1	2	3	
• Sitting and talking to someone	0	1	2	3	
• Sitting quietly after lunch without alcohol	0	1	2	3	
• In a car, while stopped for a few minutes in the traffic	0	1	2	3	
TOTAL					_____

ADDITIONAL COMMENTS: _____

