



**DO YOU HAVE PROBLEMS SLEEPING?
 ARE YOU OFTEN SLEEPY?**
 Complete this survey and show it to your physician

Epworth Sleepiness Scale

How likely are you to doze off or fall asleep in the following situations? 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 with someone.....	_____
Sitting quietly after a lunch without alcohol.....	_____
In a car, while stopped for a few minutes in traffic.....	_____
	Total _____

FOR PHYSICIANS: GREATER THAN 9 CONSIDER SLEEP CONSULTATION

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