

Distinctive Smiles/ N.E. Cincinnati Sleep Solutions

Epworth Sleepiness Scale

Name: _____ Today's date: _____

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

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

- Sitting and reading _____
- Watching TV _____
- Sitting, inactive in a public place (e.g. a theatre or a meeting) _____
- As a passenger in a car for an hour without a break _____
- Lying down to rest in the afternoon _____
- Sitting and talking to someone _____
- Sitting quietly after a lunch without alcohol _____
- In a car, while stopped for a few minutes in the traffic _____

Total Score _____

Have you ever been diagnosed with Sleep Apnea in the past? Yes ___ No ___

THANK YOU FOR YOUR COOPERATION