

Name: _____

Date: _____



Sleep Center

How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired? This questionnaire refers to your chance of falling asleep, according to your usual way of life, for about the last week or two. Even if you have not done some of these things recently, try to estimate how they would have affected you during the last two weeks.

Use the following scale to choose the most appropriate number for each situation:

Scale:

- 0 = **No** chance of dozing
- 1 = **Slight** chance of dozing
- 2 = **Moderate** chance of dozing
- 3 = **High** chance of dozing

Situation	Chance of Dozing			
	0	1	2	3
Sitting and reading	0	1	2	3
Watching TV	0	1	2	3
Sitting inactive in a public place (i.e.- in a theater 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 a lunch without alcohol	0	1	2	3
In a car, while stopped for a few minutes in traffic	0	1	2	3
Total Epworth Score				

Scoring:

- 10 to 15 = You may be excessively sleepy depending on the situation and you may want to seek medical attention
- 16 + up = You are excessively sleepy and should seek medical attention

D.O.B: _____

Address: _____

Pt. Phone: _____

Referring Phys: _____

Family Phys: _____

Clinic: _____

Phone#: _____

Fax #: _____

Sleep Complaints:

Past Medical History:

Hgt: _____ Wgt: _____ lbs.