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**The Epworth Sleepiness Scale and Sleeping Habits**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 = no chance of dozing

1 = slight chance of dozing

2 = moderate chance of dozing

3 = high chance of dozing

|  |  |
| --- | --- |
| **SITUATION** | **CHANCE OF DOZING (0-3)** |
| 1. Sitting and reading
 |  |
| 1. Watching TV
 |  |
| 1. Sitting, inactive in a public place (e.g. a theatre or a meeting)
 |  |
| 1. As a passenger in a car for an hour without a break
 |  |
| 1. Lying down to rest in the afternoon when circumstance prevent
 |  |
| 1. Sitting and talking to someone
 |  |
| 1. Sitting quietly after a lunch without alcohol
 |  |
| 1. In a car, while stopped for a few minutes in traffic
 |  |

**TOTAL: \_\_\_\_\_\_\_\_\_\_\_**

**Sleeping Habits:**

Please circle the frequency for when these actions occur:

(Frequency: 0-1 times/week = Rarely, 1-2 times/week = Sometimes, 3-4 times/week = Frequently, 5-7 times/week = Almost Always)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| On average in the past month, how often have you snored or been told that you snored? | Never | Rarely  | Sometimes  | Frequently  | Almost Always  |
| Do you ever wake up choking or gasping? | Never | Rarely  | Sometimes | Frequently | Almost Always  |
| Have you ever been told you stop breathing in your sleep or wake up choking or gasping? | Never | Rarely | Sometimes | Frequently | Almost Always |
| Do you have problems keeping your legs still at night or need to move them to feel comfortable? | Never | Rarely  | Sometimes | Frequently | Almost Always |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_