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ACCREDITED
SLEEP LAB

Name _____ Height _____ Weight _____

Age _____ Male/Female _____ Tel/Mobile# _____

Physician Name: _____

Physician Tel: _____ City/State: _____

Epworth Sleepiness Scale

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

It is important that you answer each question as best you can.

<u>Situation</u>	<u>Chance of Dozing (0-3)</u>
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 when circumstances permit-	_____
Sitting and talking to someone-	_____
Sitting quietly after a lunch without alcohol-	_____
In a car, while stopped for a few minutes in the traffic-	_____
<u>TOTAL</u>	_____

00 - 09: Normal Range

10 and over: High Risk of Apnea