San Diego ENT

Epworth Sleepiness Scale

This survey is used to determine your level of daytime sleepiness:

- A score of 18 or more is very sleepy
- If you score 10 or more, you should consider reevaluating your sleeping habits, or see a sleep specialist.

	Would ***never*** doze or sleep	***Slight*** chance of dozing or sleeping	***Moderate*** chance of dozing or sleeping	***High*** chance of dozing or sleeping
1. Sitting and reading	☐ 0	☐ 1	☐ 2	☐ 3
2. Watching TV	☐ 0	☐ 1	☐ 2	☐ 3
3. Sitting inactive in a public place	☐ 0	☐ 1	☐ 2	☐ 3
4. Being a passenger in a motor vehicle for an hour or more	☐ 0	☐ 1	☐ 2	☐ 3
5. Lying down in the afternoon	☐ 0	☐ 1	☐ 2	☐ 3
6. Sitting and talking to someone	☐ 0	☐ 1	☐ 2	☐ 3
7. Sitting quietly after lunch (no alcohol)	☐ 0	☐ 1	☐ 2	☐ 3
8. Stopped for a few minutes in traffic while driving	☐ 0	☐ 1	☐ 2	☐ 3

Snoring Questionnaire

Totals: _____

Symptoms (check any which you have had):

☐ Tired all the time
☐ Restless disturbed sleep
☐ Wake-up gasping for breath
☐ Memory problems
☐ Headaches upon awakening
☐ Stop breathing during sleep
☐ Trouble concentrating
☐ Falling asleep while driving
☐ Impotence
☐ Snoring every night
☐ Nasal obstruction
☐ Recent weight gain: _____ lbs.
☐ Excessive movement during sleep
☐ Partner sleeps in another room due to snoring
☐ Falling asleep during the day or after meals

Surgical History (write date of procedure):

☐ Tonsillectomy: _____
☐ Adenoidectomy: _____
☐ Tracheotomy: _____
☐ Nasal surgery: _____
☐ Sinus surgery: _____
☐ Uvulapalatoplasty (UPPP): _____
☐ Other surgery: _____

Previous Treatment(s):

Treatment for snoring? ☐ No ☐ Yes—what type? _____

Diagnosis of sleep apnea? ☐ No ☐ Yes—when and by whom? _____

A sleep study? ☐ No ☐ Yes—when and where? _____

Previous treatment for sleep apnea? ☐ No ☐ Yes—when and where? _____

Name: _____ Date: _____

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