San Diego ENT

EPWORTH SLEEPINESS SCALE QUESTIONNAIRE

Patient Name: _____ Date: _____

Physician Name: _____ Phone # _____

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. Even if you have not done some of these things recently, try to think about how they would have affected you. Use the following scale to choose the most appropriate number for each situation:

0 = Would never doze off in this situation

1 = Slight chance of dozing off in this situation

2 = Moderate chance of dozing off in this situation

3 = High chance of dozing off in this situation

SITUATIONS:

Sitting and reading a book/magazine/etc. _____

Watching television at home _____

Sitting and talking with someone _____

Sitting, inactive in a public place
(for example, a theater 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 quietly after a lunch
(without alcohol) _____

In a car, while stopped for a few minutes in traffic _____

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Patient Name: _____

Age / DOB: _____

Weight: _____ Height: _____

Neck Circumference: _____

With the help of a bedtime partner, please circle one of the following as it applies to a typical night:

SNORING	NIGHTLY	WEEKLY	RARELY	NEVER
OBSERVED PAUSES IN BREATHING	NIGHTLY	WEEKLY	RARELY	NEVER
RESTLESS OR INTERRUPTED SLEEP	NIGHTLY	WEEKLY	RARELY	NEVER
AWAKEN SHORT OF BREATH GASPS, OR SNORTS	NIGHTLY	WEEKLY	RARELY	NEVER
AWAKEN COUGHING	NIGHTLY	WEEKLY	RARELY	NEVER
DIFFICULTY FALLING ASLEEP	NIGHTLY	WEEKLY	RARELY	NEVER
LEG OR BODY JERKS	NIGHTLY	WEEKLY	RARELY	NEVER
TEETH GRINDING	NIGHTLY	WEEKLY	RARELY	NEVER
VIVID DREAMS	NIGHTLY	WEEKLY	RARELY	NEVER
HEADACHE (Check one or both) ☐ DURING NIGHT OR ☐ EARLY MORNING	NIGHTLY	WEEKLY	RARELY	NEVER
ACID INDIGESTION	NIGHTLY	WEEKLY	RARELY	NEVER
NIGHT SWEATS	NIGHTLY	WEEKLY	RARELY	NEVER
HEART PALPITATIONS	NIGHTLY	WEEKLY	RARELY	NEVER
NIGHTTIME URINATION	NIGHTLY	WEEKLY	RARELY	NEVER

ARE YOU REFRESHED WITH MORNING WAKE UP?	☐ Yes ☐ No
DO YOU WAKE UP WITH A DRY MOUTH?	☐ Yes ☐ No
DO YOU WAKE UP WITH A SORE JAW?	☐ Yes ☐ No