

THE EPWORTH SLEEPINESS SCALE

Full name: _____ Male Female

Date: _____ Age: _____

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling 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 = would **NEVER** doze

2 = **MODERATE** chance of dozing

1 = **SLIGHT** chance of dozing

3 = **HIGH** chance of dozing

SITUATION	CHANCE OF DOZING			
Sitting and reading	0 _____	1 _____	2 _____	3 _____
Watching TV	0 _____	1 _____	2 _____	3 _____
Sitting, inactive in a public place (e.g. movie theatre 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 lunch without alcohol	0 _____	1 _____	2 _____	3 _____
In a car, while stopped for a few minutes in the traffic	0 _____	1 _____	2 _____	3 _____



SLEEP QUESTIONNAIRE

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

0 = **NONE**, not at all, never

2 = **MODERATE**, sometimes

1 = **SLIGHT**, just a few times

3 = **HIGH**, a lot, usually, always or almost always

SITUATION					
1	Do you feel that you get too little sleep at night?	0 _____	1 _____	2 _____	3 _____
2	Do you feel that you get too much sleep at night?	0 _____	1 _____	2 _____	3 _____
3	Have you ever had a poor night's sleep?	0 _____	1 _____	2 _____	3 _____
4	How great a problem do you have with getting to sleep at night?	0 _____	1 _____	2 _____	3 _____
5	How great a problem do you have because of waking up at night?	0 _____	1 _____	2 _____	3 _____
6	How great a problem do you have with non-restorative sleep (no matter how much sleep you get, you do not wake up rested)?	0 _____	1 _____	2 _____	3 _____
7	How great a problem do you have with tiredness (not sleepiness) during the day?	0 _____	1 _____	2 _____	3 _____
8	How great a problem do you have with sleepiness during the day?	0 _____	1 _____	2 _____	3 _____
9	On a weekday, what time do you usually go to bed?	_____ AM	_____ PM		
10	On a weekday, what time do you usually get up?	_____ AM	_____ PM		
11	On a weekday, what time do you usually take a nap?	_____ AM	_____ PM		
12	On a weekend or day off, what time do you go to bed?	_____ AM	_____ PM		
13	On a weekend or day off, what time do you get up?	_____ AM	_____ PM		
14	On a weekend or day off, what time do you take a nap?	_____ AM	_____ PM		
15	Do you watch TV or read in bed before going to sleep?	_____ YES	_____ NO		
16	Do you use sleeping aids or medication?	_____ YES	_____ NO		
17	How long after going to bed does it take you to decide to go to sleep?	_____ HRS	_____ MIN		
18	How long does it take you to fall asleep, after you decide to?	_____ HRS	_____ MIN		
19	What is the total number of hours of sleep that you usually get? (Do not include time awake in bed)	_____ HRS	_____ MIN		

SLEEP QUESTIONNAIRE CONTINUED

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SITUATION

20	How many times do you wake up during a typical night?	_____ TIMES			
21	How long is a typical wake time?	_____ HRS		_____ MIN	
22	If you do awaken during your normal sleep time, which part(s) of your sleep time is it likely to have happened?	First – 1/3	Middle – 1/3	Last – 1/3	
23	How many times do you get out of bed during a typical night?	_____ Times			
24	How long is the typical longest time out of bed?	_____ HRS		_____ MIN	
25	When falling asleep, how often do you have thoughts racing through your mind?	0 _____	1 _____	2 _____	3 _____
26	When falling asleep, how often do you feel sad or depressed?	0 _____	1 _____	2 _____	3 _____
27	When falling asleep, how often do you have anxiety (worry about things)?	0 _____	1 _____	2 _____	3 _____
28	When falling asleep, how often do you feel muscular tension?	0 _____	1 _____	2 _____	3 _____
29	When falling asleep, how often do you feel afraid of not being able to go to sleep?	0 _____	1 _____	2 _____	3 _____
30	When falling asleep, how often do you feel unable to move, or feel paralyzed?	0 _____	1 _____	2 _____	3 _____
31	When falling asleep, how often do you notice parts of your body startle or jerk?	0 _____	1 _____	2 _____	3 _____
32	When falling asleep, how often do you experience restless legs (crawling or aching feelings, unable to keep legs still)?	0 _____	1 _____	2 _____	3 _____
33	When falling asleep, how often do you experience vivid, dream-like scenes (hallucinations) even though you are still awake?	0 _____	1 _____	2 _____	3 _____
34	When falling asleep, how often do you experience any pain or discomfort?	0 _____	1 _____	2 _____	3 _____
35	During the night, how often do you sleep with someone else in your room?	0 _____	1 _____	2 _____	3 _____
36	During the night, how often do you sleep with someone else in your bed?	0 _____	1 _____	2 _____	3 _____
37	During the night, how often do you sleep on a special bed/mattress?	0 _____	1 _____	2 _____	3 _____
38	During the night, how often do you have disturbed, restless sleep?	0 _____	1 _____	2 _____	3 _____
39	During the night, how often do you disturb the sleep of your bed partner?	0 _____	1 _____	2 _____	3 _____

SLEEP QUESTIONNAIRE CONTINUED

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SITUATION					
40	During the night, how often do you provide assistance to someone or something else (child, invalid, pet, etc)?	0 _____	1 _____	2 _____	3 _____
41	During the night, how often do you have nasal congestion?	0 _____	1 _____	2 _____	3 _____
42	During the night, how often do you snore?	0 _____	1 _____	2 _____	3 _____
43	During the night, how often do you hold your breath, or stop breathing?	0 _____	1 _____	2 _____	3 _____
44	During the night, how often do you suddenly wake up gasping for air or unable to breath?	0 _____	1 _____	2 _____	3 _____
45	During the night, how often do you wake up with a choking sensation?	0 _____	1 _____	2 _____	3 _____
46	During the night, how often do you have some other breathing problem?	0 _____	1 _____	2 _____	3 _____
47	During the night, how often do you sweat excessively?	0 _____	1 _____	2 _____	3 _____
48	During the night, how often do you sleepwalk?	0 _____	1 _____	2 _____	3 _____
49	During the night, how often do you sleep talk?	0 _____	1 _____	2 _____	3 _____
50	During the night, how often do you grind your teeth?	0 _____	1 _____	2 _____	3 _____
51	During the night, how often do you have leg twitching or jerking while you are asleep?	0 _____	1 _____	2 _____	3 _____
52	During the night, how often do you have other unusual movement during sleep?	0 _____	1 _____	2 _____	3 _____
53	During the night, how often do you get up to eat after going to sleep?	0 _____	1 _____	2 _____	3 _____
54	During the night, how often is your sleep disturbed because of stomach or abdominal pains?	0 _____	1 _____	2 _____	3 _____
55	During the night, how often is your sleep disturbed because of leg cramps?	0 _____	1 _____	2 _____	3 _____
56	During the night, how often is your sleep disturbed because of paresthesia (pins and needles) in your arms and/or legs?	0 _____	1 _____	2 _____	3 _____
57	During the night, how often is your sleep disturbed because of an itching sensation?	0 _____	1 _____	2 _____	3 _____
58	During the night, how often is your sleep disturbed because of any other kind of pain or intense discomfort?	0 _____	1 _____	2 _____	3 _____

SLEEP QUESTIONNAIRE CONTINUED

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SITUATION					
59	During the night, how often is your sleep disturbed because of being short of breath in a flat position?	0_____	1_____	2_____	3_____
60	During the night, how often is your sleep disturbed because of "gas" in your stomach, or indigestion?	0_____	1_____	2_____	3_____
61	During the night, how often is your sleep disturbed because of hunger?	0_____	1_____	2_____	3_____
62	During the night, how often is your sleep disturbed because of thirst?	0_____	1_____	2_____	3_____
63	During the night, how often is your sleep disturbed because of awakening with the urgent need to urinate? _____ # times	0_____	1_____	2_____	3_____
64	During the night, how often is your sleep disturbed because of intense heart pain (angina)?	0_____	1_____	2_____	3_____
65	During the night, how often is your sleep disturbed because of any other chest pains?				
66	During the night, how often is your sleep disturbed because of asthma?				
67	During the night, how often is your sleep disturbed because of persistent coughing?				
68	During the day, how long does it take you to "get going" in the morning?			HRS	MIN
69	During the day, how often do you feel extremely alert and energetic all day?				