



Name:		ID:	
Company Name:			

Epworth Sleepiness Scale

The Epworth Sleepiness Scale is used to determine the level of daytime sleepiness. A score of 10 or more is considered sleepy. A score of 18 or more is very sleepy. If you score 10 or more on this test, you should consider whether you are obtaining adequate sleep, need to improve your sleep hygiene and/or need to see a sleep specialist. These issues should be discussed with your personal physician.

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

- 0 = would *never* doze or sleep.
- 1 = *slight* chance of dozing or sleeping
- 2 = *moderate* chance of dozing or sleeping
- 3 = *high* chance of dozing or sleeping

Fill in your answers and see where you stand.

Situation	Chance of Dozing or Sleeping
Sitting and reading	_____
Watching TV	_____
Sitting inactive in a public place	_____
Being a passenger in a motor vehicle for an hour or more	_____
Lying down in the afternoon	_____
Sitting and talking to someone	_____
Sitting quietly after lunch (no alcohol)	_____
Stopped for a few minutes in traffic while driving	_____
Total score (add the scores up) (This is your Epworth score)	_____



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Questionnaire of Sleep Apnea Risk

Assess your risk for sleep apnea. The total score for all 5 sections is your Apnea Risk Score. Write in your best answer for each question and see where you stand.

- A. How frequently do you experience or have you been told about snoring loud enough to disturb the sleep of others?
1. Never
 2. Rarely (less than once a week)
 3. Occasionally (1-3 times a week)
 4. Frequently (more than 3 times a week)
- B. How often have you been told that you have “pauses” in breathing or stop breathing during sleep?
1. Never
 2. Rarely (less than once a week)
 3. Occasionally (1-3 times a week)
 4. Frequently (more than 3 times a week)
- C. How much are you overweight?
1. Not at all
 2. Slightly (10-20 pounds)
 3. Moderately (10-20 pounds)
 4. Severely (more than 40 pounds)
- D. What is your Epworth Sleepiness Score?
1. Less than 8
 2. 9-13
 3. 14-18
 4. 19 or greater
- E. Does your medical history include:
1. High Blood Pressure
 2. Stroke
 3. Heart Disease
 4. More than 3 awakenings per night (on average)
 5. Excessive Fatigue
 6. Difficulty concentrating or staying awake during the day

If you answered 3 or 4 questions A-D, especially if you have one or more of the conditions listed in question E, then you may be at risk for sleep apnea and should discuss this with your physician.

Note: You should always discuss sleep-related complaints with your physician before deciding on medical evaluation and treatment.