

# ALAMO MAXILLOFACIAL SURGICAL ASSOCIATES, PA SLEEP APNEA EVALUATION

## THE EPWORTH SLEEPINESS SCALE

Name \_\_\_\_\_

Today's Date \_\_\_\_\_ Your Age (yrs) \_\_\_\_\_

Your sex (male = M; female = F) \_\_\_\_\_

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 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
- 1 = *slight* chance of dozing
- 2 = *moderate* chance of dozing
- 3 = *high* chance of dozing

### SITUATION

### CHANCE OF DOZING

Sitting and reading \_\_\_\_\_

Watching TV \_\_\_\_\_

Sitting, inactive in a public place (e.g. 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 and talking to someone \_\_\_\_\_

Sitting quietly after a lunch without alcohol \_\_\_\_\_

In a car, while stopped for a few minutes in traffic \_\_\_\_\_