



Daytime Sleepiness Evaluation

Name: _____

Date: ____/____/____

Epworth Sleepiness Scale

For the following situations, answer with one of the following numbers:

- 0 – Would never doze
- 1 – Slight chance of dozing
- 2 – Moderate chance of dozing
- 3 – High chance of dozing

Situation	Score
Sitting and reading	
Watching television	
Sitting, inactive in a public place	
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 lunch without alcohol	
In a car, while stopped for a few minutes in traffic	
Total Score	

1. Do you snore? _____
2. Do you have headaches? _____
3. Have you been diagnosed with obstructive sleep apnea? _____

If yes:

Do you have a C-PAP machine? _____

Do you use the C-PAP machine? _____