

*Pulmonary and Sleep
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EPWORTH SLEEPINESS SCALE FOR SLEEP APNEA

PATIENT NAME:

DATE: _____

DATE OF BIRTH:

Please complete this questionnaire before your follow-up sleep appointment.

You can print it out, fill and bring with you to the clinic or email it to us or simply let us know the total if you are having a TeleHealth appointment.

EPWORTH SLEEPINESS SCALE:

This scale helps us determine how likely you are to doze off in the following situations. It refers to your usual way of life in recent times. Use the following scale to **choose the most appropriate number** for each situation.

- 0**=no chance of dozing
- 1**=slight chance of dozing
- 2**=moderate chance of dozing
- 3**=high chance of dozing

SITUATION	<u>0-3</u>
Sitting and reading	
Watching TV	
Sitting inactive in a public place (i.e., theater or meeting)	
As a passenger in a car for an hour without a break	
Lying down to rest in the afternoon	
Sitting and talking to someone	
Sitting quietly after a lunch without alcohol	
In a car, while stopped for a few minutes in traffic	

Total= _____