

RESTFUL SLEEP SOLUTION, INC.

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EPWORTHSLEEPINESS SCALE

Name: _____ DOB: _____

Date: _____ Gender: Female OR Male

How likely are you to doze off or fall asleep in the situations described below, in contrast to feeling just tired?
Even if you have not done some of these things in the last month, try to imagine how they would have affected you.

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

1. - Would **never** doze
2. - **Slight** chance of dozing
3. - **Moderate** chance of dozing
4. - **High** chance of dozing

***It is important that you answer each question as best as you can. ***

<u>Situation</u>	<u>Chance of dozing (outof3)</u>
Sitting and reading	<input type="text"/>
Watching TV	<input type="text"/>
Sitting, inactive in a public place (eg.at heater or a meeting) As a passenger in a car for an hour without a break	<input type="text"/>
Lying down to rest in the afternoon when circumstances permit Sitting and talking to someone	<input type="text"/>
Sitting quietly after a lunch without alcohol	<input type="text"/>
In a car, while stopped for a few minutes in traffic.	<input type="text"/>
	<input type="text"/> Total out of 24.

Score Interpretation:

(1-10) Normal Range (10-16) Excessively sleepy (16-24) Abnormally sleepy