



MARIN ENT

Romeo C. Agbayani, Jr. M.D.

Evan R. Ransom, M.D.

Daniel W. Flis, M.D.

1000 South Eliseo Drive Suite 103

Greenbrae, CA 94904-2150

Phone 415-461-9770 Fax 415-461-6744

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 haven't 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

2 = **moderate chance** of dozing

1 = **slight chance** of dozing

3 = **high chance** of dozing

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

Situation	Chance of Dozing (0-3)
Sitting and reading _____	_____
Watching TV _____	_____
Sitting, inactive in a public place (e.g. a theatre 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 the traffic _____	_____
Total	_____

THANK YOU FOR YOUR COOPERATION

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