

## EPWORTH SLEEPINESS SCALE FORM

If you are concerned about your daytime sleepiness, or if you are not feeling rested during the day hours, you may use this form so that you & Dr. Arias can assess your sleepiness level. Please print this form, complete it and bring it to your dental appointment.

In **recent times**, how likely are you to doze off or fall asleep in the situations described below, in contrast to just feeling tired?

<b>Situation</b>	<b>Responses</b>	<b>Score</b>
<b>Situation Responses Score Sitting and Reading</b>	0 = would never doze 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing	
<b>Watching Television</b>	0 = would never doze 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing	
<b>Sitting inactive in a public place, for example, a theater or a meeting</b>	0 = would never doze 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing	
<b>As a passenger in a car for an hour without a break</b>	0 = would never doze 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing	
<b>Lying down to rest in the afternoon</b>	0 = would never doze 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing	
<b>Sitting and talking to someone</b>	0 = would never doze 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing	
<b>Sitting quietly after lunch when you've had no alcohol</b>	0 = would never doze 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing	
<b>In a car while stopped in traffic</b>	0 = would never doze 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing	
<b>TOTAL SCORE</b>		