

NAME

CR no:

(Patient's sticky label)

EPWORTH SLEEPINESS SCALE

How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired? This refers to your usual way of life in recent times. Even if you have not 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 **Date:**
1 = Slight chance of dozing
2 = Moderate chance of dozing
3 = High chance of dozing

SITUATION	CHANCE OF DOZING
Sitting and reading	
Watching TV	
Sitting, inactive in a public place (e.g. a theatre or 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	

PLEASE ASK YOUR PARTNER TO FILL IN THIS QUESTIONNAIRE

Please circle YES or NO

Does your partner snore loudly in their sleep? YES NO

If YES how long have you been aware of this problem?

Has the noise been so bad that you have slept in separate rooms? YES NO

If YES how often does this occur? Everynight
3-5 times per week
less often

Is the snoring related to a particular sleeping position? YES NO

If YES which position(s)? Back
Left
Front
Right

Is the snoring worse after alcohol? YES NO

Does your partner stop breathing during sleep? YES NO

If YES how often on average per night does this occur? 1 to 10
11 to 20
more than 20

If YES how long, on average, do they stop breathing? 5 to 10 secs
10 to 20 secs
20 to 30 secs
more than 30 secs

Does this occur when they are on their Back
Left
Front
Right
All

Is your partner restless in their sleep? YES NO

Have you noticed a change in your partner's behaviour? YES NO

If YES in what way ?

Does your partner fall asleep easily during the day?

NO Occasionally, if relaxing Sometimes, even when busy Anytime

Is your partner usually tired all the time? YES NO

Has your partner fallen asleep or become drowsy whilst driving a car? YES NO

Does your partner work particularly long hours? YES NO

THANK YOU