



TEXAS SINUS, ALLERGY  
SNORING & SLEEP  
INSTITUTE

# TEXAS SINUS, ALLERGY, SNORING & SLEEP INSTITUTE

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## EPWORTH SLEEPINESS SCALE

(JOHNS, 1990-1997 copyright)

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex: Male \_\_\_ Female \_\_\_

Please score the following questions to the best of your ability giving the best responses on the basis of your sleepiness or dozing off over the past 30 days. Use the following scale for choosing the most appropriate and honest number for each situation:

0 = never doze/sleep

1 = slight change of dozing or sleeping

2 = moderate chance of dozing/sleeping

3 = high chance of dozing/sleeping

### SITUATION

### SCORE

Sitting and reading

\_\_\_\_\_

Watching TV

\_\_\_\_\_

Sitting, inactive in a public place (e.g. a theater 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 lunch without alcohol

\_\_\_\_\_

In a car, while at a stop for a few minutes in traffic

\_\_\_\_\_

**TOTAL SCORE**

\_\_\_\_\_