

# PATIENT SLEEPINESS QUESTIONNAIRE

*Our office is concerned about your optimal health. Please complete this informational questionnaire to help us evaluate your level of wellness.*

## Epworth Sleepiness Scale

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? Use the following scale to choose the most appropriate number for each situation:

- 0 = no chance of dozing
- 1 = slight chance of dozing
- 2 = moderate chance of dozing
- 3 = high chance of dozing

<u>Situation</u>	<u>Chance of Dozing</u>			
Sitting and reading	0	1	2	3
Watching TV	0	1	2	3
Sitting inactive in a public place (e.g. a theater or a meeting)	0	1	2	3
As a passenger in a car for an hour without a break	0	1	2	3
Lying down to rest in the afternoon when circumstances permit	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after lunch without alcohol	0	1	2	3
In a car, while stopped for a few minutes in traffic	0	1	2	3

Score (total): \_\_\_\_\_

A score of 9 or greater indicates that you are very sleepy and should seek advice.

*This sleep questionnaire (OS806) is a courtesy of the ChiroCode Institute and Edison Health Innovations.*