Paloma Medical Group

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SLEEP DISORDERS CENTER

EPWORTH SLEEPINESS SCALE

Patient's Name: _____ **DoB:** _____/ _____/ _____

Age: _____ Weight: _____ Height: _____ BMI: _____ Neck Circumference: _____

In contrast to just feeling tired, how likely are you to doze off or fall asleep in the following situations? Even if you have not done some of these things recently, try to work out how they would affect you. Use the following scale to choose the most appropriate number for each situation.

0 = Would NEVER doze
1 = SLIGHT chance of dozing
2 = MODERATE chance of dozing
3 = HIGH chance of dozing

Situation:	Chance of Dozing:
1. Sitting and reading	1. _____
2. Watching television	2. _____
3. Sitting inactively in a public place (theatre, meeting, etc.)	3. _____
4. As a passenger in a car for an hour without a break	4. _____
5. Lying down to rest in the afternoon	5. _____
6. Sitting and talking to someone	6. _____
7. Sitting quietly after lunch without alcohol	7. _____
8. In a car, while stopping for a few minutes in traffic	8. _____
	Total: _____

BERLIN SLEEP QUESTIONNAIRE

Category I

Do you snore? ☐ Yes ☐ No ☐ Don't know

How often do you snore? ☐ Nearly everyday ☐ 3-4 times a week ☐ 1-2 times a week ☐ less than 1-2 times/wk

Your snoring loudness (check all that apply): ☐ Can be heard in adjacent room ☐ Louder than talking ☐ Loudness bothers other people ☐ Louder than breathing

Has anyone noticed that you quit breathing during sleep? ☐ Yes ☐ No ☐ Don't know

How often? ☐ Every day ☐ 3-4 times a week ☐ 1-2 times a week ☐ Don't know ☐ N/A

Category II

How often do you feel tired/fatigued after you sleep? ☐ Every day ☐ 3-4 times a week

During the day, do you feel tired/fatigued? ☐ Yes ☐ No

How often? ☐ Everyday ☐ 3-4 times a week ☐ 1-2 times a week ☐ N/A

Do you ever get sleepy/doze off while driving? ☐ Yes ☐ No

How often? ☐ Every day ☐ 3-4 times a week ☐ 1-2 times a week ☐ less than 1-2 times a week ☐ N/A

Category III

Do you have high blood pressure? ☐ Yes ☐ No ☐ Don't know

Are you overweight? ☐ Yes ☐ No ☐ Don't know

RESULTS (*For office use only*)

Category I: *Positive means YES to any questions in that category.*
Category II: *Positive means YES to any question in that category.*
Category III: *Positive means YES to either Hypertension and/or are Overweight.*