



# SLEEP WELL MEDICAL CLINIC, a center for sleep disorders

Advanced Respiratory  
& Sleep Medicine

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## THE EPWORTH SLEEPINESS SCALE

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

How likely are you to feel sleepy in the following situations; compared 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 feel sleepy
- 1 = *slight* chance of being sleepy
- 2 = *moderate* chance of being sleepy
- 3 = *high* chance of being sleepy

<u>SITUATION</u>	<u>CHANCE OF DOZING</u>
Sitting and reading	_____
Watching TV	_____
Sitting inactive in a public place (meeting, theater)	_____
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 eating lunch without alcohol	_____
In a car while stopped for a few minutes in traffic	_____
<b>ESS Total Points</b>	_____

### Additional Questions:

**Do you snore severely?**

- a. Yes
- b. No
- c. Don't know

**Have you ever been told that you stop breathing during your sleep?**

- a. Yes
- b. No
- c. Don't know

**Do you often (at least 3-4 Times a week) feel tired or fatigued?**

- a. Yes
- b. No
- c. Don't know

**Do you have difficult-to-Control high blood pressure?**

- Yes
- No