

Epworth Sleepiness Scale

Please fill in one circle per line		Chance of Dozing Off	Never (0)	Slight (1)	Moderate (2)	High (3)
How likely are you doze off or fall asleep in the following situations, in contrast to just feeling tired?		Sitting and reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Watching TV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Sitting quietly in a public place (theater or a meeting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		As a passenger in a car for an hour without eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Lying down to rest in the after-noon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Sitting while talking with someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Sitting quietly after lunch without alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		In a car, while stopped for a few minutes in traffic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

0-6 good job you are getting enough sleep, **7-8** average, **9 and above** you may want to consult a physician

What did you score? _____

Please also consider the sleep problems you are experiencing. **Proper sleep, promotes proper health.** * Items that you have marked below are considered symptoms please talk with your physician. *

Sleep Problems Checklist

Check the circle for each problem you currently have.

- | | |
|---|--|
| <input type="radio"/> Loud Snoring | <input type="radio"/> Teeth grinding during sleep |
| <input type="radio"/> Frequent awakenings at night | <input type="radio"/> Morning headaches |
| <input type="radio"/> Gasping for breath at night | <input type="radio"/> Morning dry mouth |
| <input type="radio"/> I've been told that I stop breathing when asleep | <input type="radio"/> Sleep walking |
| <input type="radio"/> Restless sleep | <input type="radio"/> Sleep terrors |
| <input type="radio"/> Awaken unrefreshed | <input type="radio"/> Tongue biting in sleep |
| <input type="radio"/> Crawling feeling in legs when asleep at night | <input type="radio"/> Bed wetting |
| <input type="radio"/> Leg-kicking during sleep | <input type="radio"/> Acting out dreams |
| <input type="radio"/> Leg Cramps in sleep | <input type="radio"/> Feeling paralyzed when falling asleep or waking up |
| <input type="radio"/> Trouble falling asleep at night | <input type="radio"/> Dreamlike images when falling asleep or waking up |
| <input type="radio"/> Trouble staying asleep at night | <input type="radio"/> Sudden weakness when laughing |
| <input type="radio"/> Racing thoughts when trying to sleep | <input type="radio"/> Sudden weakness when afraid |
| <input type="radio"/> Increased muscle tension when trying to sleep | <input type="radio"/> Uncontrollable daytime sleep attacks |
| <input type="radio"/> Fear of being unable to sleep | <input type="radio"/> Falling asleep unexpectedly |
| <input type="radio"/> Laying in bed worrying when trying to get to sleep | <input type="radio"/> Falling asleep at work |
| <input type="radio"/> Waking too early in the morning | <input type="radio"/> Falling asleep at school |
| <input type="radio"/> Sleep talking | <input type="radio"/> Falling asleep while driving |
| <input type="radio"/> Sweating a lot at night | <input type="radio"/> Recent change in sleep schedule |
| <input type="radio"/> Waking up with heatburn | <input type="radio"/> I use sleeping pills to help me sleep |
| <input type="radio"/> Waking up with reflux | <input type="radio"/> I use alcohol to help me sleep |
| <input type="radio"/> Waking up to urinate | <input type="radio"/> Pain interfering with sleep |
| <input type="radio"/> Nightmares | Where is the pain? _____ |
| <input type="radio"/> Fear of being unable to return to sleep after waking at night | |