

Code: .....

## Questionnaire on Daytime Sleepiness Epworth Sleepiness Scale

Date: .....

The following question refers to your usual way of life in recent times:

**In the following situations, how likely are you to doze off or fall asleep, in contrast to just feeling tired?**

Even if you haven't done some of these things recently, try to work out how they would have affected you

Please use the following scale to choose the most appropriate number for each situation:

- 0 = would never doze or sleep**
- 1 = *slight* chance of dozing or sleeping**
- 2 = *moderate* chance of dozing or sleeping**
- 3 = *high* chance of dozing or sleeping**

<b>Situation</b>	<b>Chance of dozing or sleeping</b>
Sitting and reading	0 -1- 2- 3
Watching TV	0 -1- 2- 3
Sitting inactive (as a listener) in a public place (e.g., a theatre, or a lecture)	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	0 -1- 2- 3
Sitting and talking to someone	0 -1- 2- 3
Sitting quietly after lunch without having drunk alcohol	0 -1- 2- 3
As a driver of a car when stopped for a few minutes in traffic	0 -1- 2- 3
<i>Please do not fill</i>	
Total	