

PREVENTIVE DENTISTRY FOR HEALTHIER WHOLE

4001 Fair Ridge Drive, Suite 205, Fairfax, Virginia 22033 (703) 385-6425

Patient Name: _____
Date of Birth: _____

EPWORTH SLEEPINESS SCALE: A professionally recognized subjective baseline

Please print and complete this self-survey before coming to our office. It is a good idea to give a copy to that spouse who snores! We give you a free interpretation on your first visit.

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 have affected you. Use the following scale to choose the most appropriate number or each situation.

- 0 = WOULD NEVER DOZE
1 = SLIGHT CHANCE OF DOZING
2 = MODERATE CHANCE OF DOZING
3 = HIGH CHANCE OF DOZING

Table with 2 columns: SITUATION and CHANCE OF DOZING. Rows include: Sitting and Reading, Watching TV, Sitting inactive in a public place (i.e, in a theatre), As a car passenger for an hour without a break, Lying down to rest in the afternoon, Sitting and talking to someone, Sitting quietly after lunch (without alcohol), In a car, while stopped for a minutes in traffic, and TOTAL SCORE=.

Have you had a sleep study? _____
Do you own a C-PAP? _____ If so, do you use it nightly? _____

SIGNATURE: _____
DATE: _____

