

# ARE YOU AT RISK?

Take the Epworth Sleepiness Scale and bring it to your next appointment.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Your age: (Yr.) \_\_\_\_\_ Your sex:  Male  Female

How likely are you to doze off or fall asleep in the situations described below, in contrast to feeling just tired?

This refers to your usual way of life in recent times.

Even if you haven't 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 doze
- 1 = Slight chance of dozing
- 2 = Moderate chance of dozing
- 3 = High chance of dozing

## SCORE:

**0-10** Normal Range

**10-12** Borderline

**12-24** Abnormal

## SITUATION

## CHANCE OF DOZING

Sitting and reading \_\_\_\_\_

Watching TV \_\_\_\_\_

Sitting, inactive in a public place (e.g. a theatre or a meeting) \_\_\_\_\_

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 a lunch without alcohol \_\_\_\_\_

In a car, while stopped for a few minutes in traffic \_\_\_\_\_

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**TOTAL** \_\_\_\_\_

Please contact the **Knox Community Hospital Sleep Medicine Department** for an appointment if you feel you are at risk for sleep apnea. **740.393.9915**