

7680026
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Ancillary Profile
HIM
131045 (06/02) FMH

Sleep Lab
Epworth Sleepiness Scale

Floyd Memorial Hospital
and Health Services
1850 State Street
New Albany, IN 47150

Place Patient ID Label Here

How likely are you to doze off or fall asleep in the following situations? 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 doze
- 1 = slight chance of dozing
- 2 = moderate chance of dozing
- 3 = high chance of dozing

Situation	Chance of Dozing
Sitting and reading	_____
Watching T.V.	_____
Sitting, inactive, in public place	_____
As a passenger in a car for 1 hour w/o a break	_____
Lying down to rest in the afternoon	_____
Sitting and talking to someone	_____
Sitting quietly after a lunch	_____
In a car, while stopped for traffic or a light	_____
Total:	_____

Name: _____ Date: _____

Have you been diagnosed with sleep apnea? Yes _____ No _____

If yes, has it been treated and how? _____
