McIndoe Clinic
Tauranga

SLEEPMEDIK
Sleep Medicine Clinic

Name: Tel Number: DOB: NHI Number:

EPWORTH SLEEPINESS SCALE **Date …….**

The aim of this questionnaire is to get a measure of your sleepiness during the day. This helps distinguish between normal everyday tiredness and an abnormal level of sleepiness.

For each of the situations below please indicate how likely you are to doze off or fall asleep. This refers to your usual way of life in recent times, say averaged over the last 3 months. If you have not done some of these things, try and imagine how they would have affected you.

This score needs to be completed by the patient and also by their partner or an observer.

Using the following score enter the most appropriate answer:

0 – Would never fall asleep in that situation
1 – There is a slight chance of falling asleep in that situation
2 – There is a medium chance of falling asleep in that situation
3 – There is a high chance of falling asleep in that situation

Situation	Patient	Partner or Observer
Sitting and reading		
Watching TV		
Sitting, inactive in a public place like a theatre or 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 lunch without alcohol		
In a car, while stopped for a few minutes in traffic		

Do you feel excessively sleepy during the day? ☐ **Yes** ☐ **No**

Have you ever fallen asleep, lost concentration, or caused a road traffic accident while driving? ☐ **Yes** ☐ **No**

Do you hold a commercial driver's licence (Class 2, 3, 4, or 5), or endorsements P, V, I, or O, and actively use it? ☐ **Yes** ☐ **No**

If yes, please specify ……

Patient's Signature ……

Patient's score …… /24 Partner's / Observer's score ……/24