${\bf Question naire-Epworth\ Daytime\ Sleepiness\ Test\ PLUS}$

Patient Name:				
Ans	following questionnaire will help your doctor measure you wers are rated on a reliable scale called the Epworth Sleepi used by sleep experts worldwide.	_	•	-
wou	h item describes a routine daytime situation. Use the scale b ld doze off or fall asleep (in contrast to just feeling tired) du e of these things recently, consider how you think they would	ring tha	t activity. If yo	•
Please note that this scale should not be used to make your own diagnosis. It is intended as a tool to help you identify your own level of daytime sleepiness, which can be a symptom of a sleep disorder.		0 : 1 : 2 :	0 = would never doze 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing	
	the following scale to choose the most appropriate number each situation:			
	Situation	Chance of Dozing Score (0-3)		
1. 2. 3. 4. 5. 6. 7. 8.	Sitting and reading? Watching television? Sitting inactive in a public place, like a theater or me As a passenger in a car for an hour without a break? Lying down to rest in the afternoon? Sitting and talking to someone? Sitting quietly after lunch (when you've had no alcoh In a car, while stopped in traffic?			
	EPWORTH SCORE TOTAL		_	
Sup	plemental Questions for differential diagnosis:			
9. 10. 11. 12. 13.	I am overweight and find it difficult to lose weight I have been told that I snore loudly. I have been told that I gasp, snort or stop breathing at I have high blood pressure. Do you ever wake up with leg cramps or sore extrem Do you know if, or has someone told you that you kie	ities	YES YES YES YES	NO NO NO NO
	twitch, or thrash about during sleep? Do you ever have palpitations or rapid thumping or p		YES	NO
16.	in your chest? Do you ever feel short of breath, light headed, or more exhausted than you should while at rest or with exerce		YES YES	NO NO