



ALL DAY SMILE

by Dr. Hang Pham

Epworth Sleepiness Scale

Date: _____

Patient Name: _____

Patient Age: _____ Gender: Male Female

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

This refers to your usual of life in recent times.

If you have not done some of these activities recently, select what would most likely happen if you were in that situation.

Use the following scale to choose the most appropriate number for each situation.

- 0= *Would never doze off*
- 1= *Slight chance of dozing off*
- 2= *Moderate chance of dozing off.*
- 3= *Hight chance of dozing off*

Sitting and Reading _____

Watching TV _____

Sitting inactive in a public place (e.g. A theater or a meeting) _____

As a passenger in a car for an hour without break _____

Lying down to rest in the afternoon when circumstances permits _____

Sitting and talking to someone _____

Sitting quietly after lunch without alcohol _____

In a car, while stopped for a few minutes in traffic _____

- Score:
- 0-10 Normal
- 10-12 Borderline
- 12-24 Abnormal

Total Score