



Dr. J. N. Fletcher, Inc.

SLEEP APNEA SELF TEST

Name: _____ Age: _____ Date: _____

DO YOU SNORE??? YES NO I DON'T KNOW

The Epworth Sleepiness Scale

How likely are you to doze off or fall asleep in the following situations?
Choose the most appropriate number for each situation.

RATING SCALE

- 0** = would never doze
- 1** = slight chance of dozing
- 2** = moderate chance of dozing
- 3** = high chance of dozing

Activity

Score

Sitting and Reading	_____
Watching TV	_____
Sitting, inactive in a public place (theatre, meeting, etc.)	_____
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	_____

Total: _____