

Questionnaire – Epworth Daytime Sleepiness Test PLUS

Patient Name: _____ Date: _____

The following questionnaire will help your doctor measure your general level of daytime sleepiness. Answers are rated on a reliable scale called the Epworth Sleepiness Scale (ESS) - the same assessment tool used by sleep experts worldwide.

Each item describes a routine daytime situation. Use the scale below to rate the likelihood that you would doze off or fall asleep (in contrast to just feeling tired) during that activity. If you haven't done some of these things recently, consider how you think they would affect you.

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

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

Situation	Chance of Dozing Score (0-3)
1. Sitting and reading?	_____
2. Watching television?	_____
3. Sitting inactive in a public place, like a theater or meeting?	_____
4. As a passenger in a car for an hour without a break?	_____
5. Lying down to rest in the afternoon?	_____
6. Sitting and talking to someone?	_____
7. Sitting quietly after lunch (when you've had no alcohol)?	_____
8. In a car, while stopped in traffic?	_____
EPWORTH SCORE TOTAL	_____

Supplemental Questions for differential diagnosis:

9. I am overweight and find it difficult to lose weight	YES	NO
10. I have been told that I snore loudly.	YES	NO
11. I have been told that I gasp, snort or stop breathing at night.	YES	NO
12. I have high blood pressure.	YES	NO
13. Do you ever wake up with leg cramps or sore extremities		
14. Do you know if, or has someone told you that you kick, twitch, or thrash about during sleep?	YES	NO
15. Do you ever have palpitations or rapid thumping or pains in your chest?	YES	NO
16. Do you ever feel short of breath, light headed, or more exhausted than you should while at rest or with exercise?	YES	NO

The Epworth Sleepiness Scale – Interpreting the Results

Upon entry into the office, it is recommended that the “Epworth Daytime Sleepiness Test PLUS” be self administered by patient while in waiting room. Additionally, information on Obstructive Sleep Apnea, Narcolepsy, Insomnia, and Sleep Hygiene should be available to the patient in the waiting room.

If the total score on questions 1 through 8 is 10 or higher, or if the patient answered YES on any of questions 9 through 16, there is a significant indication for a sleeping disorder. Even if the patient is NOT visiting your office due to a sleep problem, you should speak further with this patient about their sleep. It may be necessary to:

- 1. Have patient conduct a Sleep Diary and return to your office for follow up visit.**
- 2. Refer the patient to your Sleep Lab for complete PSG.**
- 3. If answers to questions 15 or 16 were YES, then it may be necessary to perform Holter Monitor**

It can be helpful for you to provide a sleep diary for the patient to further clarify their sleep issues. This Sleep Diary should be kept for at least one week and can help you identify any behaviors (not allowing enough time for sleep, inconsistent sleep schedules) that might contribute to the patient’s sleepiness. Review of symptoms, the results of the Epworth Sleepiness Scale, and the sleep diary will aid in your diagnosis and treatment of any underlying causes.

Remember, true excessive daytime sleepiness (EDS) is almost always caused by an underlying medical condition that can be easily diagnosed and effectively treated.

Recommendations and Findings:

- 1. If the patient’s score is over 10 and they answered yes to three or more of questions 9-16 there is a high likelihood that a sleep problem is present. It is advisable to refer the patient for complete polysomnography at your Sleep Lab. Depending on the results, a CPAP titration study can be performed and CPAP prescription written. Follow up visits are critical to assess therapy and compliance.**
- 2. If patient scored over 10 and answered “YES” to questions 15 or 16 there is a chance patient also have some heart problems that may be related to obstructive sleep apnea. This can lead to serious systemic disease and must be evaluated and treated immediately. The patient can immediately be set up in the office for a holter study. Subsequent to the holter screening testing, the patient should be referred to your sleep lab for full testing and titration of CPAP. In the event of a negative holter study, please be aware that this does not necessarily mean that OSA is not present. If the patient has cardiovascular symptoms, even in light of a negative study, you should refer the patient for long term event monitoring and for further evaluation. Follow up visits are critical to assess therapy and compliance.**