

EPWORTH SCALE

FIRST NAME	LAST NAME
EMAIL ADDRESS	DATE OF BIRTH

To help you with your sleep apnea or snoring, we require a better understanding of your daily activities, emotions, social interactions and symptoms. **Please complete each question in this form electronically before your next download. You may submit it by:**

1. E-mail the completed form to **forms@medi-gas.com**.
2. Hand delivery:
 - (a) Print the completed form and bring it to your next appointment, or
 - (b) Write down the “Total” number in the coloured box and bring it to your next appointment.
3. Email (forms@medi-gas.com) or phone (1-855-766-7388) the “Total” number to Medigas.

If you have questions, please contact us by phone (1-855-766-7388), or e-mail (info@medi-gas.com).

How likely are you to fall asleep in the following situations – in contrast to feeling just tired? Answer using the rating scale below, keeping in mind what you consider to be your “usual way of life” in recent times.

Chance of Falling Asleep Rating Chart			
Rarely	Slight Chance	Moderate Chance	High Chance
0	1	2	3

Situation	Your Rating (Insert 0 to 3)
Sitting and reading	
Watching TV	
Sitting inactive in a public place (i.e. movie theatre, meeting, etc.)	
Sitting as a passenger in a car for a one-hour drive with no break	
Lying down in the afternoon	
Sitting and talking to someone	
Sitting quietly after a lunch without consuming alcohol	
Driving a car in traffic when stopped for a few minutes	
TOTAL	

How long has this been your experience (i.e. two weeks, one month, three years)? _____

Internal Office Use Only	
ESS Score	