

# Epworth Sleepiness Scale

What would your chance of dozing be in the following situations?



0 – Never

1 – Slight Chance

2 – Moderate

3 – High

Situation	Chance
Sitting and reading	
Watching TV	
Sitting inactive in a public place (e.g. a theatre / meeting)	
As a passenger in a car for an hour w/o a break	
Lying down to rest in the afternoon when circumstances permit	
Sitting and talking to someone	
Sitting quietly after a lunch without alcohol	
In a car, while stopped for a few minutes in the traffic	
<b>TOTAL</b>	<b>0</b>

If you scored:

**1 - 6** Congratulations, you are getting enough sleep!

**7 - 8** Your score is average

**9 +** Seek the advice of a sleep specialist without delay

# Insomnia Severity Index

Indicate which best describes your situation for the past 2 weeks.

0 - None

1

2

3

4 - Severe

Difficulty falling asleep	
Difficulty staying asleep	
Problems waking up too early	
How satisfied/dissatisfied are you with your current sleep pattern?	
How noticeable to others do you think your sleep problem is in terms of impairing the quality of your life?	
How worried/distressed are you about your current sleep problem?	
To what extent do you consider your sleep problem to interfere with your daily functioning currently?	
<b>TOTAL</b>	

**0 - 4** Not Clinically Significant

**15 21** Moderate Clinical Insomnia

**8 - 14** Subthreshold

**22 28** Severe Clinical Insomnia