

# BED PARTNER QUESTIONNAIRE - PAGE 2

## MODIFIED EPWORTH SLEEPINESS SCALE

**Patient Name:** \_\_\_\_\_ **Gender:** Male / Female

**Observers Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

As an observer, please complete the following information on your estimation of the chances of his/her dozing in the following situations. Even if none of these things have occurred recently, try to work out how they would have affected him/her.

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

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

<u>SITUATION</u>	<u>CHANCE OF DOZING</u>
• 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 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 traffic	_____
<b>TOTAL .....</b>	_____