EVOLVE
SKIN AND HEALTH

Evolve Skin and Health
Urb. Santa Rosa, 1013 Ave Aguas Buenas,
Bayamón PR 00959
(939)353-8284

Epworth Sleepiness Scale

This survey is used to determine your level of daytime sleepiness:
• A score of 18 or more is very sleepy
• If you score 10 or more, you should consider reevaluating your sleeping habits, or see a sleep specialist.

	Would **never** doze or sleep (0)	**Slight** chance of dozing or sleeping (1)	**Moderate** chance of dozing or sleeping (2)	**High** chance of dozing or sleeping (3)
1. Sitting and reading	0	1	2	3
2. Watching TV	0	1	2	3
3. Sitting inactive in a public place	0	1	2	3
4. Being a passenger in a motor vehicle for an hour or more	0	1	2	3
5. Lying down in the afternoon	0	1	2	3
6. Sitting and talking to someone	0	1	2	3
7. Sitting quietly after lunch (no alcohol)	0	1	2	3
8. Stopped for a few minutes in traffic while driving	0	1	2	3

Total:_____

Patient name: _____ Date:_____

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Snoring Questionnaire Symptoms (check any which you have had):

- ☐ Tired all the time
- ☐ Restless disturbed sleep
- ☐ Wake-up gasping for breath
- ☐ Memory problems
- ☐ Headaches upon awakening
- ☐ Stop breathing during sleep
- ☐ Trouble concentrating
- ☐ Falling asleep while driving
- ☐ Impotence
- ☐ Snoring every night
- ☐ Nasal obstruction
- ☐ Recent weight gain: _____ lbs.
- ☐ Excessive movement during sleep
- ☐ Partner sleeps in another room due to snoring
- ☐ Falling asleep during the day or after meals

Surgical History (write date of procedure):

- ☐ Tonsillectomy: _____
- ☐ Adenoidectomy: _____
- ☐ Tracheotomy: _____
- ☐ Nasal surgery: _____
- ☐ Sinus surgery: _____
- ☐ Uvulapalatoplasty (UPPP): _____
- ☐ Other surgery: _____

Previous Treatment(s):

Treatment for snoring? ____ No ____Yes. If yes, what type? _____
Diagnosis of sleep apnea? ___No ___Yes. If yes, when and by whom?

_____
_
A sleep study? ____No ____Yes. If yes, when and where?

_____
_
Previous treatment for sleep apnea? ____No _____Yes. If yes, when and where?

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