

PLEASE CHECK ONE IN EACH ROW:

0 - No chance of dozing

1 - Slight chance of dozing

2 - Moderate chance of dozing

| | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| Sitting reading | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Watching TV | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Sitting inactive in a public place (e.g. a theatre or a meeting) | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| As a passenger in a car for an hour without a break | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Lying down to rest in the afternoon when circumstances permit | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Sitting and talking to someone | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Sitting quietly after a lunch without alcohol | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| In a car, while stopped for a few minutes in traffic | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Epworth Sleepiness Scale Total: | | | | |
| Height (total inches) | | | | |
| Weight (total lbs) | | | | |

Office Use Only (staff enter BMI)

Date