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Daytime sleepiness (Epworth_e)

Last name, Name: Date of Birth:

Gender: Male / Female

Date:

EPWORTH QUESTIONNAIRE (M. W. Johns, Sleep 14: 540-545, 1991, German version; Respiration 66: 440 1999)

How easy is it for you to fall asleep in the following situations?

What is meant is not only the feeling of being tired, but actually falling asleep. The question refers to the usual life of the past weeks. Even if you have not done some of the activities described recently, try to imagine what effect they would have had on you. From the following scale, choose the number that best fits the question.

- 0 = would never fall asleep
- 1 = would hardly fall asleep
- 2 = would possibly fall asleep
- 3 = would most likely fall asleep

- | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Sitting and reading | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 2. Watching TV | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 3. Sitting in a public place (e.g., theater, meeting, lecture) | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 4. As a passenger in the car for an hour without stopping | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 5. Lie 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 |
| 6. Sitting and talking with someone | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 7. Sitting quietly after lunch without alcohol | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 8. In the car when stopping at a traffic light for a few minutes | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

Total Points

- | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| While driving a car behind the wheel | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| While eating | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| During work/homework | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| During standing | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

Have you ever **suddenly** and **unpredictably** fallen asleep in any of the above 12 situations?

Please list the numbers:

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1. KAROLINSKA SLEEPINESS SCALE (?) Which description best fits your **current condition**?

- 1 I feel very awake and fit
- 2 Awake and lively
- 3 Neither awake nor sleepy
- 4 Sleepy-but no trouble staying awake
- 5 Very sleepy, struggling to fall asleep

2. VISUAL ANALOGUE SCALE (0-10 Points)

Please mark between 0 and 10 how you normally feel

0 = no trace of sleepiness or fatigue, top fit, 10= extremely sleepy and tired, fall asleep everywhere and all the time

