

### THE EPWORTH SLEEPINESS SCALE

How likely are you to dose off or fall asleep in the following situations, in contrast to just feeling tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently, try to work out how they would have affected you. Use the following scale to choose the most appropriate number for each situation.

0 = No Chance of Dozing
1 = Slight Chance of Dozing
2 = Moderate Chance of Dozing
3 = High Chance of Dozing

SITUATION	CHANCE OF DOZING
Sitting and reading	
Watching TV	
Sitting inactive in public place (e.g. a theater or a meeting)	
Riding 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	
Riding in a car, while stopped for a few minutes in traffic	
	<b>TOTAL</b>

### NASAL OBSTRUCTION SYMPTOM EVALUATION

Over the past month, how much of a **problem** were the following conditions for you?

*PLEASE CIRCLE THE ANSWER.*

	Not a problem	Very mild problem	Moderate problem	Fairly bad problem	Severe problem
Nasal congestion or stuffiness	0	1	2	3	4
Nasal blockage or obstruction	0	1	2	3	4
Trouble breathing through nose	0	1	2	3	4
Trouble sleeping	0	1	2	3	4
Unable to get air through nose during exercise or exertion	0	1	2	3	4