



Patient Name: _____ DOB: _____

Associated Comorbidities

Hypertension	Y	N	Heart Disease	Y	N
<i>High Blood Pressure</i>			Mood Disorders	Y	N
History of Stroke	Y	N	Insomnia	Y	N
Type 2 Diabetes	Y	N	Impaired Cognition	Y	N

Epworth Sleepiness Scale

Scoring: 0 = No chance of dozing, 1 = Slight chance of dozing, 2 = Moderate chance of dozing, 3 = High chance of dozing

Sitting and reading	0	1	2	3
Watching TV	0	1	2	3
Sitting inactive in a public place	0	1	2	3
As a passenger in a car for an hour without a break	0	1	2	3
Lying down to rest in the afternoon	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after a lunch without alcohol	0	1	2	3
In a car, while stopped for a few minutes in traffic	0	1	2	3

Epworth Total= _____

Patient Signature: _____ Date: _____