

PPMI

EPWORTH SLEEPINESS SCALE

1 3 2

4 4

SUBJECT ID [][][][]

VISIT NO [][][]

INITIALS [][][]

SITE NO [][][]

VISIT DATE [][]
MM

[][]
DD

[][][][]
YYYY

A. Source of Information: 1 = Patient, 2 = Caregiver, 3 = Patient and caregiver

A. []

How likely are you to doze off or fall asleep in situations described below, in contrast to feeling just tired?

This refers to your usual way of life in recent times.

Even if you haven't 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 = would **never** doze
- 1 = **slight chance** of dozing
- 2 = **moderate chance** of dozing
- 3 = **high chance** of dozing

It is important that you answer each question as best you can.

- 1. Sitting and reading 1. []
- 2. Watching TV 2. []
- 3. Sitting, inactive in a public place (e.g., a theatre or a meeting) 3. []
- 4. As a passenger in a car for an hour without a break 4. []
- 5. Lying down to rest in the afternoon when circumstances permit 5. []
- 6. Sitting and talking to someone 6. []
- 7. Sitting quietly after a lunch without alcohol 7. []
- 8. In a car, while stopped for a few minutes in the traffic 8. []