Senta Clinic
Division of Otolaryngology/Head and Neck Surgery

THE EPWORTH SLEEPINESS SCALE

Patient Name: [   ]   Age: [   ]   Date: [   ]

☐ Male   ☐ Female

How likely are you to *doze off or fall asleep* in the following situations, in contrast to just feeling tired? Please think about your usual way of life in recent times. Even if you have not done some of these things recently, try to work out how the situation would have affected you.

Use the following scale to choose the *MOST APPROPRIATE SCORE* for each situation.

0= would NEVER doze off
1 = SLIGHT chance of dozing
2 = MODERATE chance of dozing
3 = HIGH chance of dozing

SITUATION	CHANCE OF DOSING	
Sitting and reading	Scale Number:	
Watching television	Scale Number:	
As a passenger in a car driving for an hour without a break	Scale Number:	
Lying down to rest in the afternoon when circumstances permit	Scale Number:	
Sitting and talking to someone	Scale Number:	
Sitting quietly after lunch without alcohol	Scale Number:	
In a car, while stopped for a few minutes in traffic or at a stop	Scale Number:	
	TOTAL:	

Signature: _____   Date: _____

SENTA CLINIC
A Multidisciplinary Subspecialist Team

Patient Name: [   ]   Date: [   ]

The following questionnaire is intended to help define your symptoms and provide valuable information and insights for your doctor. Answer the questions, rating to the best of your ability the problems you have experienced over the past two weeks.

Sino-Nasal Outcome Test (SNOT-20)
* The SNOT score evaluation is to be used as a guide and not a physician's diagnosis. Treatment to be determined by a doctor upon appointment.

DIRECTIONS:

1. Consider how severe the problem is when you experience it and how frequently it happens. Please rate each item below on how "bad" it is by selecting or filling in the circle that corresponds with how you feel.

2. Please mark the most important items affecting your health (maximum of 5 items).

	No Problem	Very mild problem	Mild or slight problem	Moderate problem	Severe problem	Problem as bad as can be	5 most important items
1. Need to blow nose	0	1	2	3	4	5	○
2. Sneezing	0	1	2	3	4	5	○
3. Runny nose	0	1	2	3	4	5	○
4. Cough	0	1	2	3	4	5	○
5. Post-nasal discharge	0	1	2	3	4	5	○
6. Thick nasal discharge	0	1	2	3	4	5	○
7. Ear fullness	0	1	2	3	4	5	○
8. Dizziness	0	1	2	3	4	5	○
9. Ear pain	0	1	2	3	4	5	○
10. Facial pain / pressure	0	1	2	3	4	5	○
11. Difficulty falling asleep	0	1	2	3	4	5	○
12. Wake up at night	0	1	2	3	4	5	○
13. Lack of sleep	0	1	2	3	4	5	○
14. Wake up tired	0	1	2	3	4	5	○
15. Fatigue	0	1	2	3	4	5	○
16. Reduced productivity	0	1	2	3	4	5	○
17. Reduced concentration	0	1	2	3	4	5	○
18. Frustrated / restless / irritable	0	1	2	3	4	5	○
19. Sad	0	1	2	3	4	5	○
20. Embarrassed	0	1	2	3	4	5	○

Score	Evaluation	Recommended Next Step
0 to 39	No problem to mild problem	No action necessary or symptoms can be treated with OTC medication
40 to 59	Mild to moderate problem	Symptoms can most likely be treated with OTC medication or prescription medicine
60 to 79	Moderate to severe	An appointment with a specialist or your PCP is recommended and/or prescription medicine can be taken to treat symptoms.
80 to 100	Severe to "as bad as it can be"	An appointment with a specialist is recommended, treatment to be determined by doctor. Possible surgical candidate.