

Patient Name: _____

Date of Birth: _____

Today's Date: _____

Epworth Sleepiness Scale

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:

What are the chances of you feeling sleepy in the following situations?

SITUATION	Unlikely to ever feel sleepy 0	Mild chance of becoming sleepy 1	Moderate chance of becoming sleepy 2	High chance of becoming sleepy 3
Sitting and Reading				
Watching TV				
Sitting inactive in public places eg . theater or a meeting				
As a passenger in a car for an hour without break				
In a car, while stopped for a few minutes in traffic				
Lying down in the afternoon to rest if circumstances permit				
Sitting and talking to someone				
Sitting quietly after lunch without alcohol				

ESS

SCORE: _____

Ghuge Fatigue Scale

How many hours of the day do you feel tired?

Less than 2 hrs. 2-4 hrs. ~ 4-6 hrs. 6 - 8 hours more than 8 hrs.

What is the intensity of your fatigue? ~ 0 1 2 3 4 5

How long have you experienced fatigue? ~

less than a week ~ 1wk -1 month ~ 1month - 6 months~ 6 months - 1 year more than 1 year

Does your fatigue interfere with your lifestyle? YES NO

Does your fatigue interfere with your work? YES NO

GFS SCORE: _____

Reviewed by _____

Date _____