

**THE EPWORTH SLEEPINESS SCALE**

How likely are you to doze off or fall asleep in the following situations in contrast to feeling just 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=would never doze
- 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 a public place (e.g. a theater or a meeting)	_____
As a passenger in a car for an hour without a break.....	_____
Lying down to rest in the afternoon when circumstances permit	_____
Sitting quietly after a lunch without alcohol.....	_____
Sitting and talking to someone.....	_____
In a car, while stopped for a few minutes in traffic.....	_____

**DAYTIME SLEEPINESS**

Using the following scale, place a vertical line where it best describes your condition. This refers to your usual way of life in recent times.

\_\_\_\_\_

Never sleep during the day Would fall asleep if not stimulated

**SNORING**

Using the following scale, place a vertical line where it best describes your condition. This refers to your usual way of life in recent times.

\_\_\_\_\_

No snoring Very intense (Bed partner leaves)

**Nasal Obstruction and Septoplasty Effectiveness Scale**

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

Please circle the most correct response.

	<u>Not a</u> Problem	Very Mild Problem	Moderate Problem	Fairly Bad Problem	Severe Problem
1. Nasal congestion or stuffiness	0	1	2	3	4
2. Nasal blockage or obstruction	0	1	2	3	4
3. Trouble breathing through my nose	0	1	2	3	4
4. Trouble sleeping	0	1	2	3	4
5. Unable to get enough air through my nose during exercise or exertion	0	1	2	3	4

*Feel Rested*

*Look Refreshed*