

Protocol ID: _____

Study Name: _____

Site: _____

Event Name: _____

Event Date: _____

Study Subject ID: _____

Interviewer Name: _____

Interview Date: _____

BLSA EPPS Sleep Scale - Ver 1.0

Section Title: EPPS Sleep Scale

Date Completed

☐ Blank

Tester ID

Directions:

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 chose most appropriate number for each situation

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

Sitting and reading ☐ 0-would never doze ☐ 1-slight chance of dozing ☐ 2-moderate chance of dozing ☐ 3-high chance of dozing

Watching TV ☐ 0-would never doze ☐ 1-slight chance of dozing ☐ 2-moderate chance of dozing ☐ 3-high chance of dozing

Sitting, inactive in a public place
(e.g., a theater or a meeting) ☐ 0-would never doze ☐ 1-slight chance of dozing ☐ 2-moderate chance of dozing ☐ 3-high chance of dozing

As a passenger in a car for an hour
without a break ☐ 0-would never doze ☐ 1-slight chance of dozing ☐ 2-moderate chance of dozing ☐ 3-high chance of dozing

Lying down in the afternoon
when circumstances permit ☐ 0-would never doze ☐ 1-slight chance of dozing ☐ 2-moderate chance of dozing ☐ 3-high chance of dozing

Sitting and talking to someone ☐ 0-would never doze ☐ 1-slight chance of dozing ☐ 2-moderate chance of dozing ☐ 3-high chance of dozing

Sitting quietly after a lunch without alcohol ☐ 0-would never doze ☐ 1-slight chance of dozing ☐ 2-moderate chance of dozing ☐ 3-high chance of dozing

In a car, while stopped for a few minutes in traffic ☐ 0-would never doze ☐ 1-slight chance of dozing ☐ 2-moderate chance of dozing ☐ 3-high chance of dozing