

ASSESSMENT OF DAYTIME SLEEPINESS EPWORTH SLEEPINESS SCALE

Please complete the questions below. This is a measure of dozing or falling asleep, not just feeling tired. This is to reflect how you have felt most recently.

Use the following scale to choose the most appropriate number for each situation:

- | | |
|-----------------------------|-------------------------------|
| 0 = would never doze | 2 = moderate chance of dozing |
| 1 = slight chance of dozing | 3 = high chance of dozing |

It is important that you put a number (0 to 3) in each of the 8 boxes.

Situation	Chance of dozing (0-3)
Sitting and reading	
Watching television	
Sitting inactive in a public place, for example, a theater or meeting	
As a passenger in a car for an hour without a break	
Lying down to rest in the afternoon	
Sitting and talking to someone	
Sitting quietly after lunch (when you've had no alcohol)	
In a car, while stopped in traffic	

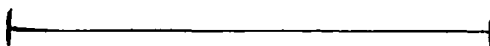
Nasal Obstruction Symptom Evaluation (NOSE)

Over the past 1 month how much of a problem were the following conditions for you ?

	<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

Visual Analog Scale

Mark on this line how troublesome it is breathing through your nose on average

None  Severe