TODAY2 Form EPWRTH, Epworth Sleepiness Scale

☐☐ – ☐☐☐☐ RELEASEID

Release Participant ID

☐☐☐☐ PVISIT

Release Visit Number

1. Days since randomization	☐☐☐☐	DAYS

Instructions: Self-administered validated questionnaire completed once at an annual visit. This form is completed by the participant to record and evaluate, in a standardized manner, a person's general level of daytime sleepiness or average sleep propensity in daily life.

Participant instructions: 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.

SITUATION	CHANCE OF DOZING (0 to 3)	
2. Sitting and reading	0 No chance of dozing 1 Slight chance of dozing 2 Moderate chance of dozing 3 High chance of dozing	SEREAD
3. Watching TV	0 No chance of dozing 1 Slight chance of dozing 2 Moderate chance of dozing 3 High chance of dozing	SETV
4. Sitting inactive in a public place (e.g. a theater or a meeting)	0 No chance of dozing 1 Slight chance of dozing 2 Moderate chance of dozing 3 High chance of dozing	SEINACT
5. As a passenger in a car for an hour without a break	0 No chance of dozing 1 Slight chance of dozing 2 Moderate chance of dozing 3 High chance of dozing	SEPASS
6. Lying down to rest in the afternoon when circumstances permit	0 No chance of dozing 1 Slight chance of dozing 2 Moderate chance of dozing 3 High chance of dozing	SEREST

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7. Sitting and talking to someone	0 No chance of dozing 1 Slight chance of dozing 2 Moderate chance of dozing 3 High chance of dozing	SETALK
8. Sitting quietly after a lunch without alcohol	0 No chance of dozing 1 Slight chance of dozing 2 Moderate chance of dozing 3 High chance of dozing	SEQUIET
9. In a car, while stopped for a few minutes in traffic	0 No chance of dozing 1 Slight chance of dozing 2 Moderate chance of dozing 3 High chance of dozing	SESTOP