

## EPWORTH SLEEPINESS SCALE

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_ DOB: \_\_\_\_\_

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 haven't done some of these things recently, try to determine 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.

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

Situation	Chance of Dozing (0-3)
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 and talking to someone	
Sitting quietly after a lunch without alcohol	
In a car, while stopped for a few minutes in traffic	
<b>Total Score</b>	

*A score of 10 or greater indicates a possible sleep disorder.*