



**EPWORTH SLEEPINESS SCALE**

Today's Date: \_\_\_\_\_

Patient Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  M  F

How likely are you to doze off or fall asleep in the situations as described below, 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 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 in This Situation
- (1) = Slight Chance of Dozing in This Situation
- (2) = Moderate Chance of Dozing in This Situation
- (3) = High Chance of Dozing in This Situation

| SITUATION   | CHANCE OF DOZING |
|---|------------------|
| Sitting and Reading   |                  |
| Watching Television   |                  |
| Sitting Inactive in a Public Place (e.g., a Theatre or 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</b>  |                  |