

Epworth Sleepiness Scale

Name: _____ Birthdate: _____ Today's date: _____

How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling 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 affect 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

Chance of Dozing

Situation

- | | |
|-------|---|
| _____ | Sitting and reading |
| _____ | Watching T.V. |
| _____ | Sitting, inactive in a public place (i.e., in a theater 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 lunch without alcohol |
| _____ | In a car, while stopped for a few minutes in traffic |

(Patient Form)