



## THE EPWORTH SLEEPINESS SCALE

Patient Name: \_\_\_\_\_

Age: \_\_\_\_\_

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

MALE / FEMALE

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 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 in each situation:

**0 = would never doze**

**1 = slight chance of dozing**

**2 = moderate chance of dozing**

**3 = high chance of dozing**

### SITUATION

### CHANCE OF DOZING

Sitting and reading

\_\_\_\_\_

Watching TV

\_\_\_\_\_

Sitting inactive in a public place  
(e.g. a movie 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 lunch without alcohol

\_\_\_\_\_

In a car, while stopped for a few minutes in the traffic

\_\_\_\_\_