

EPWORTH SLEEPINESS SCALE

Name: _____

Date: _____

In contrast to just feeling tired, how likely are you to doze off or fall asleep in the following situations?

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 2 = **moderate chance** of dozing
1 = **slight chance** of dozing 3 = **high chance** of dozing

Situation	Score (0 to 3)
Sitting and reading	
Watching television	
Sitting inactive in a public place (i.e. theater)	
As a car passenger for an hour without a break	
Lying down to rest in the afternoon	
Sitting and talking to someone	
Sitting quietly after lunch without alcohol	
In a car, while stopping for a few minutes in traffic	

TOTAL SCORE: _____

