

Epworth Sleepiness Scale

In reference to your recent daily routine while in the following situations rate the possibility of your dozing off or falling asleep, as opposed to just feeling tired. If you have not done some of these things recently, consider how they would have affected you. Select the **most suitable number** for each situation.

Please circle your answer.

- 0- Would never doze off
- 1- Slight chance of dozing off
- 2- Moderate chance of dozing
- 3- High chance of dozing

Situation

Chance of Dozing

- | | |
|--|----------------|
| 1. Sitting and reading/ watching t.v. | 0 1 2 3 |
| 2. Sitting, inactive in a public place (ie, theater or meeting) | 0 1 2 3 |
| 3. As a passenger in a car for an hour without a break. | 0 1 2 3 |
| 4. Lying down to rest in the afternoon when circumstances permit | 0 1 2 3 |
| 5. Sitting and talking to someone. | 0 1 2 3 |
| 6. Sitting quietly after a lunch without alcohol. | 0 1 2 3 |
| 7. In a car, while stopped for a few minutes in traffic. | 0 1 2 3 |

Patient Name _____ Dob _____ Date _____