

**Epworth Sleepiness Scale**

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

Date: \_\_\_\_\_

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

Sex: \_\_\_\_\_

***How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? Even if you haven't done some of these things recently It is important that you answer each question as best you can.***

0 = would **never** doze

1 = **slight chance** of dozing

2 = **moderate chance** of dozing

3 = **high chance** of dozing

**How likely are you to doze off or fall asleep.....**

Sitting and reading

Watching TV

Sitting, inactive in a public place (e.g. a theatre or a 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 the traffic

(0-3)

_____
_____
_____
_____
_____
_____
_____
_____

**-----OFFICE USE-----**

0-5 Lower Normal Daytime Sleepiness      13-15 Moderate Excessive Daytime Sleepiness

6-10 Higher Normal Daytime Sleepiness      16-24 Severe Excessive Daytime Sleepiness

11-12 Mild Excessive Daytime Sleepiness