



Patient Name: _____ Date: _____
DOB: _____

EPWORTH SLEEPINESS SCALE

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 have affected 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

Situation Chance of Dozing

	Never	Slight	Moderate	High
Sitting and reading-----	0	1	2	3
Watching television-----	0	1	2	3
Sitting inactive, in a public place----- e.g. in a theatre or meeting	0	1	2	3
As a passenger in a car for an hour without a break-----	0	1	2	3
Lying down in the afternoon when circumstances permit-----	0	1	2	3
Sitting and talking to someone-----	0	1	2	3
Sitting quietly after lunch without alcohol -----	0	1	2	3
In a car while stopped for a few minutes in traffic-----	0	1	2	3

Total Score _____