



THE EPWORTH SLEEPINESS SCALE

Name: _____ DOB _____ DATE _____

Age: _____ Sex: MALE or FEMALE (please circle)

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just 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

Sitting and reading.....	0	1	2	3
Watching TV	0	1	2	3
Sitting, inactive in a public place (eg. a theater or a meeting)	0	1	2	3
As a passenger in a car for an hour without a break	0	1	2	3
Lying down to rest in the afternoon when circumstances permit.....	0	1	2	3
Sitting and talking to someone.....	0	1	2	3
Sitting quietly after a lunch without alcohol.....	0	1	2	3
In a car, while stopped for a few minutes in the traffic.....	0	1	2	3

TOTAL SCORE = _____

IF YOUR SCORE IS > 9, YOU ARE EXCESSIVELY SLEEPY AND MAY HAVE A SLEEP DISORDER. PLEASE FOLLOW UP WITH YOUR PHYSICIAN.