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EPWORTH SLEEPINESS SCALE

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

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

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 change of dozing

3=high chance of dozing

Situation	Chance of Dozing			
1. Sitting and reading	0	1	2	3
2. Watching TV	0	1	2	3
3. Sitting, inactive in a public place	0	1	2	3
4. As a passenger in a car for an hour (without any stops/breaks)	0	1	2	3
5. Lying down to rest in the afternoon (when circumstances permit)	0	1	2	3
6. Sitting and talking to someone	0	1	2	3
7. Sitting quietly after lunch (without alcohol)	0	1	2	3
8. In a car, while stopped for a few minutes in traffic	0	1	2	3

Total Score \_\_\_\_

Key: 10+= Excessively Sleepy 18+= Severely Sleepy

----- Doctor and/or staff  
updated on:

Date: \_\_\_/\_\_\_/\_\_\_ Initialed/Signed: \_\_\_\_\_ Key Used \_\_\_\_\_