



THE EPWORTH SLEEPINESS SCALE

NAME: _____ DATE: _____

DATE OF BIRTH: _____ SEX: MALE FEMALE

How likely are you to doze off or fall asleep in the following situations? How often do you just feel 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 evaluate how they would affect 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
Sitting and reading	
Watching TV	
Sitting, inactive in a public place (e.g. a theater or meeting)	
As a passenger in a car for about an hour	
Lying down to rest in the afternoon when circumstances permit	
Sitting and talking to someone	
Sitting quietly after lunch without alcohol	
In a car, while stopped in traffic for a few minutes	
Score:	

THANK YOU FOR YOUR COOPERATION