

Name \_\_\_\_\_ Dr. \_\_\_\_\_  
Date \_\_\_\_\_

### EPWORTH SLEEPINESS SCALE

How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired? This questionnaire refers to your chance of falling asleep, according to your usual way of life, for about the last week or two. Even if you have not done some of these things recently, try to estimate how they would have affected you during the last two weeks.

Use the following scale to choose the most appropriate number for each situation:

- 0= would never doze or sleep
- 1= slight chance of dozing or sleeping
- 2=moderate chance of dozing or sleeping
- 3=high chance of dozing or sleeping

<b>Situation</b>	<b>Chance of Dozing or Sleeping</b>
Sitting and reading	
Watching TV	
Sitting inactive in a public place	
Being a passenger in a motor vehicle for an hour or more	
Lying down in the afternoon	
Sitting and talking to someone	
Sitting quietly after lunch (no alcohol)	
Stopped for a few minutes in traffic while driving	
<b>Total score</b> (This is your Epworth score)	= _____