

Epworth Sleepiness Scale

Patient's Name: _____

Today's Date: _____

Patient's Age: _____ **Sex:** Male Female

How likely are you to doze off or fall asleep in the situations described below, in contrast to just feeling tired? **This refers to your usual way of life in recent times.**

Even if you haven't done some of these things recently, please try to indicate how they **might** have affected you. Use the following scale to choose the **most appropriate number** for each situation:

- 0 = you would **never** doze off
- 1 = there is a **slight** chance of you dozing off
- 2 = there is a **moderate** chance of you dozing off
- 3 = there is a **high** chance of you dozing off

Situation

Chance of You Dozing Off

Sitting and reading.....	_____
Watching TV.....	_____
Sitting inactive, in a public place (such as a theatre, a meeting, etc.).....	_____
As a passenger in a car for one hour without a break.....	_____
Lying down to rest in the afternoon when circumstances permit.....	_____
Sitting and talking to someone.....	_____
Sitting quietly after a lunch without alcohol.....	_____
In a car, while stopped for a few minutes in traffic.....	_____

YOUR TOTAL: _____

Score:

0 to 10	Normal range
10 to 12	Borderline
12 to 24	Abnormal range