

Name \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

The Epworth Sleepiness Scale

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

<u>Situation</u>	<u>Chance of Dozing</u>	
	Patients Impression	Family/Friends Impression
Sitting and reading:	_____	_____
Watching TV:	_____	_____
Sitting, inactive in a public place (such as a theater or meeting):	_____	_____
While a passenger in a car:	_____	_____
Lying down to rest in the afternoon when circumstances permit:	_____	_____
Sitting and talking to someone:	_____	_____
Sitting quietly after a lunch without alcohol:	_____	_____
Sitting in traffic:	_____	_____
 Total:	 _____	 _____