

EPWORTH SLEEPINESS SCALE

Name: _____ Date: _____

In Contrast to just feeling tired, how likely are you to doze off or fall asleep in the following situations? (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

Situation

Chance of Dozing

Sitting & Reading

Watching TV

Sitting inactive in a public place (i.e. theatre)

As a car passenger for an hour without a break

Lying down to rest in the afternoon

Sitting & talking to someone

Sitting quietly after lunch without alcohol

In a car, while stopping for a few minutes in traffic

TOTAL SCORE
