



SLEEP DISORDERS CENTER

Epworth Sleepiness Scale

Patient Name: _____ DOB: _____

Date Completed: _____

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 had they occurred.

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

- 0= No chance of dozing
- 1= Slight chance of dozing
- 2= Moderate chance of dozing
- 3= High chance of dozing

Situation	Chance of Dozing			
Sitting and reading	0	1	2	3
Watching TV	0	1	2	3
Sitting inactive in a public place e, g., A theater or a meeting	0	1	2	3
Being a passenger in a motor vehicle for an hour or more	0	1	2	3
Lying down to rest in the afternoon	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after a lunch without alcohol	0	1	2	3
Stopped for a few minutes in traffic while drive	0	1	2	3