



EPWORTH SLEEPINESS SCALE

Name: _____ Today's Date: _____

Birth Date: _____ Age: _____ Sex (circle one): M / F

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 = no chance of dozing
1 = slight chance of dozing
2 = moderate chance of dozing
3 = high chance of dozing

It is important that you answer each question as best you can.

<u>Situation</u>	<u>Chance of Dozing (0-3)</u>
Sitting and reading	
Watching TV	
Sitting, inactive in a public place (e.g. a theatre or a meeting)	
As a passenger in a car for an 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 the traffic	

Thank you!