



EPWORTH SLEEPINESS SCALE

NAME: \_\_\_\_\_ Age: \_\_\_\_\_

Sex:  M  F Today's Date: \_\_\_\_\_

Please indicate the likelihood that you would fall asleep in the following situation. The 0-3 scale refers to your usual way of life in recent times. 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>
Sitting and reading	_____
Watching television	_____
Sitting, inactive in a public place (e.g. a theater 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 traffic	_____
Total	_____