## **Epworth Sleepiness Scale**

Date:				
Name:				
DOB:				
How likely are you to doze off or fall asleep in the following situation	ns in cont	rast to j	ust feelir	ng tired?
Even if you have not done some of the things recently, try to work of you. Use the following scale to choose the most appropriate number		•		affected
<ul> <li>0 = would never doze</li> <li>1 = slight chance of dozing</li> <li>2 = moderate chance of dozing</li> <li>3 = high chance of dozing</li> </ul>				
SITUATION	CHANCE OF DOZING			
Sitting and reading	0	1	2	3
Watching TV	0	1	2	3
Sitting inactive in a public place (eg, a theater or meeting)	0	1	2	3
As a passenger in a car for and hour or more without a break	0	1	2	3
Lying down to rest in the afternoon when circumstances permit	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after lunch without alcohol	0	1	2	3
In a car, while stopped for a few minutes in traffic	0	1	2	3
To be completed by nurse or provider				
Epworth Sleepiness Scale Score:				

(Redrawn from Johns, MW, Sleep 1991, 14-40)