

# Epworth Sleepiness Scale

Patient Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Directions: Please read the list of situations and answer how likely you would be to doze off or fall asleep, but not just feel tired, at these times.

This refers to the past three weeks. Even if you have not done, or been in some of these situations, please try to guess how they would have affected you. Use the scale beside each question to choose the most appropriate answers.

Situation	Chance of Dozing
Sitting and reading	<input type="checkbox"/> 0 Would never doze <input type="checkbox"/> 1 Slight chance of dozing <input type="checkbox"/> 2 Moderate chance of dozing <input type="checkbox"/> 3 High chance of dozing
Watching television	<input type="checkbox"/> 0 Would never doze <input type="checkbox"/> 1 Slight chance of dozing <input type="checkbox"/> 2 Moderate chance of dozing <input type="checkbox"/> 3 High chance of dozing
Sitting quietly in a public place, ( ex: in a theater or meeting)	<input type="checkbox"/> 0 Would never doze <input type="checkbox"/> 1 Slight chance of dozing <input type="checkbox"/> 2 Moderate chance of dozing <input type="checkbox"/> 3 High chance of dozing
As a passenger in a car for an hour without a break	<input type="checkbox"/> 0 Would never doze <input type="checkbox"/> 1 Slight chance of dozing <input type="checkbox"/> 2 Moderate chance of dozing <input type="checkbox"/> 3 High chance of dozing
Lying down to rest in the afternoon	<input type="checkbox"/> 0 Would never doze <input type="checkbox"/> 1 Slight chance of dozing <input type="checkbox"/> 2 Moderate chance of dozing <input type="checkbox"/> 3 High chance of dozing
Sitting and talking with someone	<input type="checkbox"/> 0 Would never doze <input type="checkbox"/> 1 Slight chance of dozing <input type="checkbox"/> 2 Moderate chance of dozing <input type="checkbox"/> 3 High chance of dozing
Sitting quietly after a lunch without alcohol	<input type="checkbox"/> 0 Would never doze <input type="checkbox"/> 1 Slight chance of dozing <input type="checkbox"/> 2 Moderate chance of dozing <input type="checkbox"/> 3 High chance of dozing
In a car, while stopped for a few minutes in the traffic	<input type="checkbox"/> 0 Would never doze <input type="checkbox"/> 1 Slight chance of dozing <input type="checkbox"/> 2 Moderate chance of dozing <input type="checkbox"/> 3 High chance of dozing

**Total Score:** \_\_\_\_\_