

EPWORTH SLEEPINESS SCALE

Name: _____

Date: _____

Your age: _____

- How likely are you to doze off or fall asleep in the situations described below, in contrast to feeling just tired?
- This refers to your usual way of life in recent times.
- Even if you haven't 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 = would never doze
 1 = Slight chance of dozing
 2 = Moderate chance of dozing
 3 = High chance of dozing

Sitting and reading	<input style="width: 100%; height: 20px;" type="text"/>
Watching TV	<input style="width: 100%; height: 20px;" type="text"/>
Sitting, inactive in a public place (e.g. a theatre or a meeting) ...	<input style="width: 100%; height: 20px;" type="text"/>
As a passenger in a car for an hour without a break	<input style="width: 100%; height: 20px;" type="text"/>
Lying down to rest in the afternoon when circumstances permit . . .	<input style="width: 100%; height: 20px;" type="text"/>
Sitting and talking to someone	<input style="width: 100%; height: 20px;" type="text"/>
Sitting quietly after a lunch without alcohol	<input style="width: 100%; height: 20px;" type="text"/>
In a car, while stopped for a few minutes in the traffic	<input style="width: 100%; height: 20px;" type="text"/>
<u>TOTAL</u>	<input style="width: 100%; height: 20px;" type="text"/>