

## Epworth Sleepiness Scale

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Your Age (Yrs) \_\_\_\_\_ Your sex (Male=M, Female=F): \_\_\_\_\_

How likely are you to doze or fall asleep in the following situations, in the 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 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

*It's important that you answer each question as best you can.*

Situation	Chance of Dozing (0-3)
Sitting and reading _____	<input style="width: 50px; height: 25px;" type="text"/>
Watching tv _____	<input style="width: 50px; height: 25px;" type="text"/>
Sitting, inactive in a public place (e.g. a theatre or a meeting) _____	<input style="width: 50px; height: 25px;" type="text"/>
As a passenger in a car for an hour without a break _____	<input style="width: 50px; height: 25px;" type="text"/>
Lying down to rest in the afternoon when circumstances permit _____	<input style="width: 50px; height: 25px;" type="text"/>
Sitting and talking to someone _____	<input style="width: 50px; height: 25px;" type="text"/>
Sitting quietly after lunch without alcohol _____	<input style="width: 50px; height: 25px;" type="text"/>
In a car, while stopped for a few minutes in traffic _____	<input style="width: 50px; height: 25px;" type="text"/>