

Epworth Sleepiness Scale

Name: _____ Date: _____

Your age (yrs): _____ Your sex (Male=M, Female=F): _____

How likely are you to doze off or fall asleep in the following situations, 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, please try to decide how they might affect 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 is important that you answer each question as best as you can.

Situation

Chance of dozing (0-3)

| | |
|--|--|
| Sitting and reading | |
| Watching TV | |
| Sitting, inactive in a public place (eg. theatre or meeting) | |
| As passenger in a car for an hour without a break | |
| Lying down to rest in the afternoon | |
| Sitting and talking to someone | |
| Sitting quietly after a lunch without alcohol | |
| In a car, while stopped for a few minutes in traffic | |