Epworth Sleepiness Scale

Name: _____ Today's 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 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 is important that you answer each question as best you can.

Situation	**Chance of Dozing (0-3)**
Sitting and reading _____	___
Watching TV _____	___
Sitting, inactive in a public place (e.g. a theatre or a meeting) _____	___
As a passenger in a car for an hour without a break _____	___
Lying down to rest in the afternoon when circumstances permit _____	___
Sitting and talking to someone _____	___
Sitting quietly after a lunch without alcohol _____	___
In a car, while stopped for a few minutes in the traffic _____	