

EPWORTH SLEEPINESS SCALE

Name _____ DOB _____

Date _____ Gender _____

How likely are you to doze off or fall asleep in the situations described below, in contrast to feeling just tired?

Even if you have not done some of these things in the last month, try to imagine 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 as you can.*****

Situation

Chance of dozing (out of 3)

Sitting and reading

Watching TV

Sitting, inactive in a public place (eg. 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 traffic

Total out of 24

Score Interpretation:

(1-10) Normal Range

(10-16) Excessively sleepy

(16-24) Abnormally sleepy