

SLEEP DISORDERS CENTER --THE EPWORTH SLEEPINESS SCALE

Name _____ Age _____ Sex (M/F) _____ Date _____

This scale refers to your usual way of life in recent times. How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? Even if you have not 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.

SCALE: 0 = would never doze
1 = slight chance of dozing
2 = moderate chance of dozing
3 = high chance of dozing

<u>Situation/Activity</u>	<u>Chance of Dozing</u>
Sitting and reading	0 1 2 3
Watching TV	0 1 2 3
Sitting, inactive in a public place such as a theater or meeting	0 1 2 3
As a passenger in a car for an hour without a break	0 1 2 3
Lying down resting in the afternoon when circumstances permit	0 1 2 3
Sitting and talking to someone	0 1 2 3
Sitting quietly after a lunch without alcohol	0 1 2 3
In a car, while stopped for a few minutes in traffic	0 1 2 3
Total score (add all responses) _____	



SDC – Epworth Sleepiness Scale

FR-46-SLEEP LAB – REV. 4/2003

PATIENT IDENTIFICATION
1 1/4" X 3"