



The Epworth Sleepiness Scale

Name: _____

Today's Date: _____

/ /

Male

Female

Date of Birth: _____

/ /

Age: _____

Yrs.

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 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:

<u>0</u> <i>Never Doze</i>	<u>1</u> <i>Slight Chance of Dozing</i>	<u>2</u> <i>Moderate Chance of Dozing</i>	<u>3</u> <i>High Chance of Dozing</i>
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Situation

Chance of dozing

Sitting and reading

Watching TV

Sitting inactive in a public place (e.g., a theater 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

Total

Thank you for your cooperation.