

# Epworth Sleepiness Scale

Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Your age (years): \_\_\_\_\_

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:

- 0 = would *never* doze
- 1 = *slight* chance of dozing
- 2 = *moderate* chance of dozing
- 3 = *high* chance of dozing

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 permits . . . . . \_\_\_\_\_

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: \_\_\_\_\_ / 24



## EPWORTH SLEEPINESS SCALE

AKN/St. Francis/Forms/Sleep Center/Epworth Sleepiness Scale FCSL0551

Patient ID Label or Write Name, Gender, DOB, Age, Admit Date, MR#, Acct#