



The Epworth Sleepiness Scale

Name: _____

Date: _____ Age (yrs): _____ Sex: ____ Male ____ Female

How likely are you to doze off or fall asleep in the situations described below, in contrast to just feeling 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** change of dozing
- 3 = **High** chance of dozing

Situation	Chance of dozing (0-3)
Sitting and reading	<input type="text"/>
Watching TV	<input type="text"/>
Sitting, inactive in a public place (e.g. a theater or a meeting)	<input type="text"/>
As a passenger in a car for an hour without a break	<input type="text"/>
Lying down to rest in the afternoon when circumstances permit	<input type="text"/>
Sitting and talking to someone	<input type="text"/>
Sitting quietly after a lunch without alcohol	<input type="text"/>
In a car, while stopped for a few minutes in traffic	<input type="text"/>
Total	<input style="border: 2px solid black;" type="text"/>

Score: 0-10 Normal range 10-12 Borderline 12-24 Abnormal

THANK YOU FOR YOUR COOPERATION
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Reviewed by: _____ Date/Time: _____

