

EPWORTH SLEEPINESS SCALE

Patient name: _____

Date: ____/____/____

How likely are you to doze off or fall asleep in the following situations in contrast to just feeling tired? Use the following scale to choose the appropriate number for each situation.

0 = NEVER DOES OFF

1 = OCCASIONALLY OCCURS (less than 50% of the time)

2 = OFTEN OCCURS (50% of the time)

3 = USUALLY OCCURS (more than 50% of the time)

Situation	Chance of dozing or sleeping
Sitting and reading.	
Watching television.	
Sitting inactive in a public place (movie, theater).	
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 down after lunch.	
While driving a car and stopped in traffic or at a light.	

Epworth Sleepiness Scale Score _____