



1-800-388-7722

The Epworth Sleepiness Scale

Name: _____

Date: ____/____/____ HT. _____ WT. _____

Your age (Yrs) _____ Your sex _____

How likely are you to doze off or fall asleep in the situations described in the box below, in contrast to feeling just 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 chance of dozing

3=High chance of dozing

Situation	Score
Sitting and reading	[]
Watching TV	[]
Sitting inactive in a public place (e.g. a theatre or 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	[]
Total	

The score is simply the addition of all eight answers. Less than 10 is considered normal.