

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#