

EPWORTH SLEEPINESS SCALE

This questionnaire will help your Physician to measure your general level of daytime sleepiness

Name _____ Date of birth _____ Date _____

How likely are you to doze off or fall asleep in the situations described 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	CHANCE OF DOZING			
Sitting and reading	0	1	2	3
Watching TV	0	1	2	3
Sitting , inactive in a public place (eg, a theatre or a meeting)	0	1	2	3
As a passenger in a car for an hour without a break	0	1	2	3
Lying down in the afternoon when circumstances permit	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after a lunch without alcohol	0	1	2	3
In a car , while stopped for a few in traffic	0	1	2	3