

Epworth Sleepiness Scale

Your name: _____ Today's date: _____

Your age (yrs): _____ Your sex (Male = M, Female = F): _____

Reflect on how you feel at this moment. If you were currently in each of the listed situations, rate how likely would you be able to doze off or fall asleep

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

It is important that you answer each question as best you can.

Situation	Chance of Dozing (0 - 3)
Sitting and reading _____	_____
Watching TV _____	_____
Sitting, inactive in a public place (e.g. a theatre or a 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 in the traffic _____	_____