

EPWORTH SLEEPINESS SCALE FORM

Patient Name _____

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
 (eg 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 traffic _____

Sum for total score out of 24 _____