

# EPWORTH SLEEPINESS SCALE

Name: .....

Date: .....

Age [yr]: .....

Sex [M/F]: .....

How likely are you to doze off or fall asleep in the various situations described below, in contrast to feeling just tired?

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

	Chance of dozing
Sitting and reading	
Watching TV	
Sitting, inactive in a public place [ie, 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 talking to someone	
Sitting quietly after lunch without alcohol	
In a car, while stopped for a few minutes in the traffic	

Thank you for your co-operation.

Comment [RE1]: (C) 1996-98  
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