

THE EPWORTH SLEEPINESS SCALE

Name: _____ Date: _____

Use the following scale to choose the most appropriate number for each situation:

- 0 - **No Chance** of dozing
- 1 - **Slight Chance** of dozing
- 2 - **Moderate Chance** of dozing
- 3 - **High Chance** of dozing

Situation	Chance of Dozing (0-3)
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 lunch (without alcohol)	_____
In a car, while stopped for a few minutes	_____
Total Score	_____