



EPWORTH SLEEPINESS SCALE

Name: _____ Date: _____

Your age: (Yr) _____ Your sex: Male Female

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

Table with 2 columns: Situation and Chance of dozing. Rows include: Sitting and reading, Watching TV, Sitting, inactive in a public place, As a passenger in a car, Lying down to rest, Sitting and talking to someone, Sitting quietly after a lunch, In a car, while stopped in traffic, and TOTAL.