

The Epworth Sleepiness Scale

Name:

Today's Date:

Your Age (in years)

Sex (M or F)

Using the scale of numbers provided below (0 to 3), rate how likely you are to become extremely sleepy and doze during each circumstances described in the examples. Answer the questions using what has happened to you recently (during the last 6 months, for example). Even if you have not done the things in the examples recently, think about each of them and try to conclude how each would effect you.

0 = no chance of dozing

1 = slight chance of dozing

2 = moderate chance of dozing

3 = high chance of dozing

The Activity	Your Score
Sitting and reading	
Watching TV	
Sitting inactive in a public place (e.g. a theater 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	

Please bring a copy the Epworth Sleepiness Assessment with you to your appointment.