



## The Epworth Sleepiness Scale

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Your Sex (Male = M Female = F) \_\_\_\_\_ Your Age (Years) \_\_\_\_\_

How likely are you to doze off or fall asleep in the following situations, as opposed to feeling just tired? This refers to your usual way of life in recent times. 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

2 = Moderate chance of dozing

1 = Slight chance of dozing

3 = High chance of dozing

### Situation

### Chance of Dozing

Sitting and reading

\_\_\_\_\_

Watching TV

\_\_\_\_\_

Sitting, inactive in a public place (for example,  
in a theater or 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 with someone

\_\_\_\_\_

Sitting quietly after a lunch without alcohol

\_\_\_\_\_

In a car, while stopped for a few minutes in traffic

\_\_\_\_\_

Total: \_\_\_\_\_