

SLEEPINESS  
SCALE



## EPWORTH SLEEPINESS SCALE

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

This questionnaire was developed to determine the level of daytime sleepiness in individuals. It has become one of the most frequently used methods for determining a person's average level of daytime sleepiness.

Please rate how likely you are to doze or fall asleep in the following situations by selecting the response that best applies. If you have not done some of these activities recently, select what would most likely happen if you were in that 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 television	
Sitting inactive in a public place (eg, 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	
Total Score	