

Epworth Sleepiness Scale

Name: _____ **Date:** _____

Your age: _____ (Yr) **Sex:** _____ (Male or Female – M or F)

How likely are you to doze off or fall asleep in the situations described below under normal circumstances (Exclude times of over exertion or sleep deprivation.)?

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

Situation - Chance of dozing

Sitting and reading	_____
Watching TV	_____
Sitting, inactive in a public place (e.g. 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 with someone	_____
Sitting quietly after a lunch without alcohol	_____
In a car, while stopped for a few minutes in traffic	_____
Total (add the numbers for each situation)	_____

Score your total:

0-10 Normal range 10-12 Borderline 12-24 Abnormal