



## The Epworth Sleepiness Scale

Date: \_\_\_\_\_

Name: \_\_\_\_\_

How often do you doze off or fall asleep in the following situations, in contrast to just feeling 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 = Never Would Doze Off**

**1 = Slight Chance of Dozing Off**

**2 = Moderate Chance of Dozing Off**

**3 = High Chance of Dozing Off**

### SITUATION

### CHANCE OF DOZING

SITTING AND READING

\_\_\_\_\_

WATCHING TV

\_\_\_\_\_

SITTING IN A PUBLIC PLACE  
(e.g., THEATER, MEETING)

\_\_\_\_\_

AS A PASSENGER IN A CAR FOR AN HOUR  
WITHOUT A BREAK

\_\_\_\_\_

LYING DOWN TO REST IN THE AFTERNOON,  
IF CIRCUMSTANCES PERMITTED

\_\_\_\_\_

SITTING QUIETLY AFTER LUNCH WITHOUT ALCOHOL

\_\_\_\_\_

IN A CAR, WHILE STOPPED FOR A FEW MINUTES  
IN TRAFFIC

\_\_\_\_\_

SITTING AND TALKING TO SOMEONE

\_\_\_\_\_

TOTAL: \_\_\_\_\_