SleepMed

Epworth Sleepiness Scale

Patient Name: _____ **Date:** _____/_____/_____

Directions: Please read the list of situations and answer how likely you would be to doze off or fall asleep, but not just feel tired, at these times.

This refers to the past three weeks. Even if you have not been in some of these situations, please try to guess how each would have affected you. Use the scale beside each question to choose the most appropriate answer.

Situation	Chance of Dosing
Sitting and reading	❑ 0 Would never doze ❑ 1 Slight chance of dozing ❑ 2 Moderate chance of dozing ❑ 3 High chance of dozing
Watching television	❑ 0 Would never doze ❑ 1 Slight chance of dozing ❑ 2 Moderate chance of dozing ❑ 3 High chance of dozing
Sitting quietly in a public place (ex: in a theater or meeting)	❑ 0 Would never doze ❑ 1 Slight chance of dozing ❑ 2 Moderate chance of dozing ❑ 3 High chance of dozing
As a passenger in a car for an hour without a break	❑ 0 Would never doze ❑ 1 Slight chance of dozing ❑ 2 Moderate chance of dozing ❑ 3 High chance of dozing
Lying down to rest in the afternoon	❑ 0 Would never doze ❑ 1 Slight chance of dozing ❑ 2 Moderate chance of dozing ❑ 3 High chance of dozing
Sitting and talking with someone	❑ 0 Would never doze ❑ 1 Slight chance of dozing ❑ 2 Moderate chance of dozing ❑ 3 High chance of dozing
Sitting quietly after a lunch without alcohol	❑ 0 Would never doze ❑ 1 Slight chance of dozing ❑ 2 Moderate chance of dozing ❑ 3 High chance of dozing
In a car, while stopped for a few minutes in traffic	❑ 0 Would never doze ❑ 1 Slight chance of dozing ❑ 2 Moderate chance of dozing ❑ 3 High chance of dozing
TOTAL SCORE:	