

EPWORTH SLEEPINESS SCALE

Name: _____

Sponsors last 4 of SSN#: _____ DOB: _____

Today's Date: _____

Age (years): _____

Gender (circle): MALE FEMALE

How likely are you to doze off or fall asleep in the following situation, in contrast 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

1 = *slight* chance of dozing

2 = *moderate* chance of dozing

3 = *high* chance of dozing

Situation	Chance of Dozing (0-3)
Sitting and reading	0---1----2----3
Watching television	0---1----2----3
Sitting inactive in a public place, for example, a theater or meeting	0---1----2----3
As a passenger in a car for an hour without a break	0---1----2----3
Lying down to rest in the afternoon when circumstances permit	0---1----2----3
Sitting and talking to someone	0---1----2----3
Sitting quietly after lunch without alcohol	0---1----2----3
Driving a car, while stopped for a few minutes in traffic	0---1----2----3