

THE EPWORTH SLEEPINESS SCALE

Name: _____

Today's date: _____ Your age:(years) _____

Sex: _____ Male _____ Female

How likely are you to 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 = would *never* doze
- 1 = *slight* chance of dozing
- 2 = *moderate* chance of dozing
- 3 = *high* chance of dozing

<u>Situation</u>	<u>Chance of dozing</u>
Sitting and reading	_____
Watching T.V.	_____
Sitting inactive in a public place (e.g. a theater or 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 with alcohol	_____
In a car, while stopped for a few minutes in the traffic	_____
Total =	_____

Thank you for your cooperation