

*EPWORTH SLEEPINESS SCALE*

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

Today's Date: \_\_\_\_\_

- Do you snore? Yes / No
- Do you often feel tired/fatigued/sleepy? Yes / No
- Has anyone observed you stop breathing? Yes / No

How likely are you to doze off or fall asleep in the following situations?

0= never    1=slight chance    2= moderate chance    3= strong chance of dozing

Situation	Chance of Dozing			
<b>Sitting and reading</b>	0	1	2	3
<b>Watching TV</b>	0	1	2	3
<b>Sitting, inactive in a public place (eg. Theater or meeting)</b>	0	1	2	3
<b>As passenger in car for an hour without a break</b>	0	1	2	3
<b>Lying down to rest in afternoon when circumstances permit</b>	0	1	2	3
<b>Sitting and talking to someone</b>	0	1	2	3
<b>Sitting quietly after lunch without alcohol</b>	0	1	2	3
<b>In a car, while stopped for a few minutes in traffic</b>	0	1	2	3