



# Tri-State Sleep Disorders Center

## EPWORTH SLEEPINESS SCALE

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

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Your Age (YEARS) \_\_\_\_\_

Your Sex (M or F)

How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired?

Rate each description according to your normal way of life in recent times. Even if you have not been in some of these situations recently, try to determine how sleepy you would have been. **Use the following scale to choose the best 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 TV	_____
Sitting inactive in a public place (e.g., a theater or meeting)	_____
Sitting as a passenger in a car, for an hour without a break	_____
Lying down to rest in the afternoon when your schedule permits it	_____
Sitting and talking to someone	_____
Sitting quietly after a lunch without alcohol	_____
Sitting in a car, while stopped for a few minutes in the traffic	_____