

Epworth Sleepiness Scale

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Name: _____

Date: _____

Your age: (Yr) _____

Your sex: Male Female

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

This refers to your usual way of life in recent times.

Even if you haven't 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

Sitting and reading _____

Watching TV _____

Sitting, inactive in a public place (e.g. a theater or a meeting) _____

As a passenger in a car for an hour without a break _____

Lying down to rest in the afternoon when circumstances permit _____

Sitting quietly after a lunch without alcohol _____

In a car, while stopped for a few minutes in the traffic _____

TOTAL _____

Score:

0-10 Normal

10-12 Borderline

12-24 Abnormal