

# Epworth Sleepiness Scale



Name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

## How likely are you to doze off or fall asleep in these situations, as opposed to just feeling tired?

Your answers should be based on your usual way of life in recent times. Even if you haven't been in some of these situations recently, try to work out how they would affect you.

Rate each situation on the following scale: 0 = would **never** doze

1 = **slight chance** of dozing

2 = **moderate chance** of dozing

3 = **high chance** of dozing

*Chance of  
dozing (0-3)*

_____	Sitting and reading
_____	Sitting and watching TV
_____	Sitting inactive in a public place (e.g., a theater or a meeting)
_____	Sitting 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 without alcohol
_____	Sitting in a car while stopped for a few minutes in traffic

Sitting and reading

Sitting and watching TV

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

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*It is important that you answer each question as best you can.*