



## Epworth Sleepiness Scale

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

The Epworth Sleepiness Scale is used to determine the level of daytime sleepiness that you may be experiencing. If you have problems with daytime drowsiness, you should consider whether you are obtaining adequate sleep, if you need to improve your sleep hygiene, and/or need to see a sleep specialist.

These issues should be discussed with your Personal Physician.

Use the following scale to choose the most appropriate number for each situation:

0 = *Would never* doze or sleep    1 = *slight* chance of dozing or sleeping    2 = *moderate* chance of dozing or sleeping  
3 = *high* chance of dozing or sleeping

	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Sitting and Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watching TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting Inactive in a Public Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being a Passenger in a motor vehicle for an hour or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lying down in the Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting and Talking to Someone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting Quietly after Lunch (no Alcohol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stopped for a Few Minutes in Traffic while Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Score = Epworth Score \_\_\_\_\_

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_