



Epworth Sleepiness Scale

Name: _____ DOB: _____ Date: _____

This questionnaire was developed to determine the level of daytime sleepiness in individuals. It has become one of the most frequently used methods for determining a person's average level of daytime sleepiness. Remember to review your responses with your doctor.

Please rate how likely you are to doze or fall asleep in the following situations by selecting the response that best applies. If you have not done some of these activities recently, select what would most likely happen if you were in that situation.

0 Would **never** doze

1 **Slight** chance of dozing

2 **Moderate** chance of dozing

3 **High** chance of dozing

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

Total Score:

Patient Signature: _____

Your score will range from 0 to 24. A score above 10 indicates excessive daytime sleepiness. A score above 16 is associated with a high level of excessive daytime sleepiness.

This questionnaire is not intended to take the place of talking with a doctor. Regardless of the questionnaire results, if you have concerns about your symptoms, you are encouraged to discuss them with your doctor.

Source: Johns MW. A new method for measuring daytime sleepiness: the Epworth Sleepiness Scale. *Sleep*. 1991;14(6):540-545. This copyrighted material is used with permission granted by the Associated Professional Sleep Societies—April 2018. Unauthorized copying, printing, or distribution of this material is strictly prohibited.