

The Epworth Sleepiness Scale

Name: _____

Today's Date: _____

Your age [years]: _____

Your sex: Male Female

How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired? This refers to your usual way of life in recent times 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 meeting]	_____
As a passenger in a car without a break	_____
Lying down to rest in the afternoon when circumstances permit	_____
Sitting and talking with someone	_____
Sitting quietly after lunch without alcohol	_____
In a car, while stopped for a few minutes in traffic	_____

Thank you for your cooperation!