Sleepiness Scale (Epworth)

Please complete all fields, save this file, and email it back to us — or print and bring it to your visit.

Patient Name

Date

How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired? Even if you have not done some of these things recently, try to work out how they would have affected you.

Scale: 0 = would never doze 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing

1. Sitting and reading
   ☐ 0 ☐ 1 ☐ 2 ☐ 3
2. Watching TV
   ☐ 0 ☐ 1 ☐ 2 ☐ 3
3. Sitting inactive in a public place (e.g. a theater or meeting)
   ☐ 0 ☐ 1 ☐ 2 ☐ 3
4. As a passenger in a car for an hour without a break
   ☐ 0 ☐ 1 ☐ 2 ☐ 3
5. Lying down to rest in the afternoon when circumstances permit
   ☐ 0 ☐ 1 ☐ 2 ☐ 3
6. Sitting and talking to someone
   ☐ 0 ☐ 1 ☐ 2 ☐ 3
7. Sitting quietly after lunch without alcohol
   ☐ 0 ☐ 1 ☐ 2 ☐ 3
8. In a car, while stopped for a few minutes in traffic
   ☐ 0 ☐ 1 ☐ 2 ☐ 3

TOTAL SCORE

Total Score (0-24)

Patient Signature (type full name)

Date