



Epworth Sleepiness Scale

Your Name: _____ **Age:** _____ **Date of Birth** _____

*Rank how likely it would be for you to become drowsy during the day
in the following situations:*

- 0= Would never doze
- 1= Slight chance of dozing (drowsy on rare occasion)
- 2= Moderate chance of dozing (drowsy more than rare but not all the time)
- 3= High chance of dozing (drowsy almost every time)

Situation	Chance of dozing
Sitting & Reading	
Watching TV	
Sitting inactive in a public place (i.e. theater)	
As a car passenger for an hour without a break	
Lying down to rest in the afternoon	
Sitting and talking to someone	
Sitting quietly after lunch without alcohol	
In a car, stopped for a few minutes in traffic	
Total score:	

What is your Ht: _____ Wt: _____

Patient Signature: _____ **Date:** _____