Patient:

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EPWORTH SLEEPINESS SCALE

How likely are you to doze off, oppose to just feeling tired, or fall asleep in the following situations? This refers to your usual way of life in the last three weeks. Even if you have not done some of these recently, imagine how they would affect you. After you have finished, add your scores and write the total in the box at the bottom of the page.

SITUATION	CHANCE OF DOZING			
	Never	Slight Chance	Moderate Chance	High Chance
Sitting and Reading	☐ 0	☐ 1	☐ 2	☐ 3
Watching TV	☐ 0	☐ 1	☐ 2	☐ 3
Sitting/ Inactive in Public (theater, meeting)	☐ 0	☐ 1	☐ 2	☐ 3
As a passenger in a car for an hour w/o a break	☐ 0	☐ 1	☐ 2	☐ 3
Lying down to rest in the afternoon	☐ 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 _____