



Valley Regional Sleep Disorders Center

NAME: _____

THE EPWORTH SLEEPINESS SCALE

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

(Please enter number then press “**Tab**” key to move over to next line, “**Tab**” or use mouse all the way through Total.)

SITUATION

CHANCE OF DOZING

Sitting and reading	_____
Watching TV	_____
Sitting, inactive in a public place (e.g. a theater or a meeting)	_____
As a passenger in a car for an hour without a break	_____
Lying down to rest in the afternoon when circumstances permit	_____
Sitting and talking to someone	_____
In a car, while stopped for a few minutes in the traffic	_____
Sitting quietly after a meal	_____

TOTAL: _____

If your score is below **10** you have a **healthy level of daytime sleepiness** in comparison to the general population.

If your score is between **10** and **18** you have an **excessive level of daytime sleepiness** compared to the general population which may require further attention. You should consider whether you are obtaining adequate sleep, need to improve your sleep hygiene and consult your doctor for further medical help.

If your score is **18** or above you have a **very high level of excessive daytime sleepiness** and it is vital that you consult your doctor for further medical help.