

NEUROLOGY AND SLEEP MEDICINE, P.C.

The Epworth Sleepiness Scale

Name: _____ Date: _____

How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired? (This is an average of how you do feel if you were doing these things.)

Please use the most appropriate numbers:

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 _____ (0-3)

Watching TV _____ (0-3)

Sitting inactive in a public place _____ (0-3) (e.g. a theater or a meeting)

As a passenger in a car for an hour _____ (0-3) without a break

Lying down to rest in the afternoon _____ (0-3) when circumstances permit

Sitting and talking to someone _____ (0-3)

Sitting quietly after a lunch without alcohol _____ (0-3)

In a car, while stopped for a few minutes _____ (0-3) in traffic