Epworth Sleepiness Scale

Name of Patient: _____   Date of Birth: _____

Today's Date: _____

INSRUCTIONS: In the following situations, how likely are you to doze off or fall asleep?
Use the following scale to choose the most appropriate number
  0 = would never doze
  1 = slight chance of dosing or sleeping
  2 = moderate chance of dozing or sleeping
  3 = high chance of dozing or sleeping

		0	1	2	3
1.	**Sitting and reading**	0	1	2	3
2.	**Watching TV**	0	1	2	3
3.	**Sitting inactive in a public place**	0	1	2	3
4.	**Being a passenger in a car for an hour**	0	1	2	3
5.	**Lying down in the afternoon**	0	1	2	3
6.	**Sitting and talking to someone**	0	1	2	3
7.	**Sitting quietly after lunch (no alcohol)**	0	1	2	3
8.	**Stopping for a few minutes in traffic while driving**	0	1	2	3

Scoring
 0-10 = normal range for healthy adults
11-14 = mild sleepiness
15-17 = moderate sleepiness
 18 + = severe sleepiness

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