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# The Center for Respiratory and Sleep Disorders

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## Epworth Sleepiness Scale

Patient Name \_\_\_\_\_

Date \_\_\_\_\_ Age \_\_\_\_\_ Neck circumference \_\_\_\_\_

How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling 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

Situation	Chance of dozing
Sitting and reading.....	_____
Watching TV.....	_____
Sitting inactive in a public place (like a theater or 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.....	_____
Sitting quietly after lunch without alcohol.....	_____
In a car, while stopped for a few minutes in traffic.....	_____
<b>Total</b>	_____

Please do not drive or perform other activities while sleepy which could endanger yourself or others should you become drowsy or fall asleep.