



EPWORTH SLEEPINESS SCALE

Date: _____

Name: _____

Date of Birth: _____

Your age in years: _____ Your sex: Male Female

Your weight (kgs): _____ Your height (cms): _____

HOW LIKELY ARE YOU TO DOZE OFF OR FALL ASLEEP IN THE SITUATIONS DESCRIBED BELOW, 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 the 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 (e.g. a theatre 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	
Sitting quietly after a lunch without alcohol	
In a car, while stopped for a few minutes in the traffic	
TOTAL	

SCORE: 0 - 10 = NORMAL RANGE	10 - 12 = BORDERLINE	12 - 24 = ABNORMAL
------------------------------	----------------------	--------------------