

**THE REGIONAL CENTER FOR SLEEP MEDICINE
SLEEP DISORDERS LABORATORY**

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

<u>Situation</u>	<u>Chance of Dozing</u>
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