

Epworth Sleepiness Scale

Name: _____

Date: _____

Your age: (Yr) _____ Your sex: Male ☐ Female ☐

How likely are you to doze off or fall asleep in the situations described below, in contrast to feeling tired?

This refers to your usual way of life in recent times.

Even if you haven't 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 dozing

Chance of

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

Score:

- 0 – 10 Normal range
- 10 – 12 Borderline
- 12 – 24 Abnormal

Total