

Epworth Sleepiness Scale

Name: _____ Today's date: _____

Your age (yrs): _____ Your gender (Male = M, Female = F): _____

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 recently.

Even if you haven't done some of these things recently, try to figure out how they would have affected you.

Use the following scale to choose the **most appropriate number** for each situation:

- 0 = **no chance** of dozing
- 1 = **slight chance** of dozing
- 2 = **moderate chance** of dozing
- 3 = **high chance** of dozing

It is important that you answer each item as best as you can.

Situation

Chance of Dozing (0-3)

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 _____

Sitting quietly after a lunch without alcohol _____

In a car or bus, while stopped for a few minutes in traffic _____

THANK YOU FOR YOUR COOPERATION

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