

Name: _____

Date: _____

Epworth Sleepiness Scale

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 since your last visit. Even if you have not done some of these recently, try to work out how they would have affected you. Rate your chance of dozing in each situation. *It is important that you answer each question as best you can.*

Situation	Chance of dozing
Sitting and reading	<input type="checkbox"/> 0 would <i>never</i> doze <input type="checkbox"/> 1 <i>slight</i> chance of dozing <input type="checkbox"/> 2 <i>moderate</i> chance of dozing <input type="checkbox"/> 3 <i>high</i> chance of dozing
Watching TV	<input type="checkbox"/> 0 would <i>never</i> doze <input type="checkbox"/> 1 <i>slight</i> chance of dozing <input type="checkbox"/> 2 <i>moderate</i> chance of dozing <input type="checkbox"/> 3 <i>high</i> chance of dozing
Sitting, inactive in a public place (i.e., a theater or meeting)	<input type="checkbox"/> 0 would <i>never</i> doze <input type="checkbox"/> 1 <i>slight</i> chance of dozing <input type="checkbox"/> 2 <i>moderate</i> chance of dozing <input type="checkbox"/> 3 <i>high</i> chance of dozing
As a passenger in a car for an hour without a break	<input type="checkbox"/> 0 would <i>never</i> doze <input type="checkbox"/> 1 <i>slight</i> chance of dozing <input type="checkbox"/> 2 <i>moderate</i> chance of dozing <input type="checkbox"/> 3 <i>high</i> chance of dozing
Lying down to rest in the afternoon	<input type="checkbox"/> 0 would <i>never</i> doze <input type="checkbox"/> 1 <i>slight</i> chance of dozing <input type="checkbox"/> 2 <i>moderate</i> chance of dozing <input type="checkbox"/> 3 <i>high</i> chance of dozing
Sitting and talking to someone	<input type="checkbox"/> 0 would <i>never</i> doze <input type="checkbox"/> 1 <i>slight</i> chance of dozing <input type="checkbox"/> 2 <i>moderate</i> chance of dozing <input type="checkbox"/> 3 <i>high</i> chance of dozing
Sitting quietly after a lunch without alcohol	<input type="checkbox"/> 0 would <i>never</i> doze <input type="checkbox"/> 1 <i>slight</i> chance of dozing <input type="checkbox"/> 2 <i>moderate</i> chance of dozing <input type="checkbox"/> 3 <i>high</i> chance of dozing
In a car, while stopped for a few minutes in traffic	<input type="checkbox"/> 0 would <i>never</i> doze <input type="checkbox"/> 1 <i>slight</i> chance of dozing <input type="checkbox"/> 2 <i>moderate</i> chance of dozing <input type="checkbox"/> 3 <i>high</i> chance of dozing

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