

# EPWORTH SLEEPINESS SCALE

Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

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

Use the following scale to choose the **most appropriate number** for each situation:  
**It is important that you answer each question as best you can.**

- 0 = would **never** doze
- 1 = **slight chance** of dozing
- 2 = **moderate chance** of dozing
- 3 = **high chance** of dozing

SITUATION	Chance of dozing (0-3)
Sitting and reading	
Watching TV	
Sitting, inactive in a public place (eg 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 lunch without alcohol	
In a car, while stopped for a few minutes in the traffic	
<b>TOTAL SCORE</b>	

## BEHAVIOUR DURING SLEEP

Usual number of hours sleep per night

Number of times you rise to use the toilet

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

- 0 = never during a usual night
- 1 = less than once a week
- 2 = once to about half the nights per week
- 3 = half the nights to almost or every night
- 4 = almost always or every night
- ? = don't know or haven't been told

SITUATION	(0-?)
Snore loudly	
Stop breathing	
Choke struggle for breath	
Toss and turn frequently	
Wake up with a headache	
<b>TOTAL SCORE</b>	