

EPWORTH SLEEPINESS SCALE

Name: _____

Date: _____

In contrast to just feeling tired, please utilize the scale below to indicate how likely are you to doze off or fall asleep in the following situations:

0 = No Chance of Dozing

1 = Slight Chance of Dozing

2 = Moderate Chance of Dozing

3 = High Chance of Dozing

Situation

Chance of Dozing

Sitting & Reading

Watching TV

Sitting Inactive in a Public Place (i.e. theatre)

As a Car Passenger for an Hour Without a Break

Lying Down to Rest in the Afternoon

Sitting & Talking to Someone

Sitting Quietly After Lunch Without Alcohol

As a Driver Stopping for a Few Minutes in Traffic

TOTAL SCORE

I understand I should only drive when fully alert. I should NOT drive, operate machinery or perform any hazardous task when drowsy or sleepy.

Patient Signature