

**Epworth Sleepiness Scale**

Name:

Age:

Gender:

Date:

**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 in recent times. Even if you have not done some of these things recently, try to rate 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 rate**

Sitting and reading

Watching TV

Sitting, inactive in a public place (ie: movie, meeting)

As a passenger in car for an hour without a break

Resting in the afternoon when circumstances permit

Sitting and talking to someone

Sitting quietly after lunch without alcohol

In the car, while stopped for a few minutes in traffic

**Behavior During Sleep**

**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 of nights per week

3 = half to almost always

4 = almost always or every night

? = not known or haven't been told

**During your usual sleep, you have noticed or have been told you do the following:**

**Situation** **number rating**

Snore loudly

Stop breathing

Choke, struggle for breath

Toss and turn frequently

Your usual number of hours of sleep per night?

Number of times you rise to use the restroom?