

EPWORTH SLEEPINESS SCALE FORM

Instructions for completing this form:

1. Be as truthful as possible.
2. Read the situation in the first column; select your response from the second column; enter that number in the third column.
3. Total all of the entries in the third column and enter the total in the last box.
4. A score of 10 or greater indicates a possible sleep disorder.

Situation	Responses	Score
Sitting and reading	0= would never dose 1= slight chance of dozing 2= moderate chance of dozing 3= high chance of dozing	
Watching television	0= would never dose 1= slight chance of dozing 2= moderate chance of dozing 3= high chance of dozing	
Sitting inactive in a public place, for example, a theatre or a meeting	0= would never dose 1= slight chance of dozing 2= moderate chance of dozing 3= high chance of dozing	
As a passenger in a car for an hour without a break	0= would never dose 1= slight chance of dozing 2= moderate chance of dozing 3= high chance of dozing	
Lying down to rest in the afternoon	0= would never dose 1= slight chance of dozing 2= moderate chance of dozing 3= high chance of dozing	
Sitting and talking to someone	0= would never dose 1= slight chance of dozing 2= moderate chance of dozing 3= high chance of dozing	
Sitting quietly after lunch when you've had no alcohol	0= would never dose 1= slight chance of dozing 2= moderate chance of dozing 3= high chance of dozing	
In a car while stopped in traffic	0= would never dose 1= slight chance of dozing 2= moderate chance of dozing 3= high chance of dozing	
TOTAL SCORE		