

# Epworth Sleepiness Scale

Patient name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Sex:  Male  Female

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

How likely are you to nod off or fall asleep in the following situation, in contrast to feeling just tired? This refers to your usual way of life in recent times.

Even if you haven't done some of these things recently, try to work out how they would have affected you. It is important that you answer each question as BEST as you can.

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

<b>Situation</b> 📄	Would never nod off <b>0</b>	Slight chance of nodding off <b>1</b>	Moderate chance of nodding off <b>2</b>	High chance of nodding off <b>3</b>
<b>Sitting and Reading</b>				
<b>Watching TV</b>				
<b>Sitting, inactive</b> , in a public place. (meeting, theater, dinner event).				
<b>As a passenger in a car</b> , for an hour or more without stopping for a break.				
<b>Lying down to rest</b> when circumstances permit.				
<b>Sitting and talking</b> to someone.				
<b>Sitting quietly</b> after a meal without alcohol.				
<b>In a car, while stopped</b> for a few minutes in traffic or at a light.				
<b>TOTAL:</b>				

Add up your point to get your total score. A score of 10 or greater raises concern:

You may need to get more sleep, improve your sleep practices, or seek medical attention to determine why you are sleepy.

**Score:**

0-10 Normal

10-12 Borderline

12-24 Abnormal