EPWORTH SLEEPINESS SCALE FORM

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This test is a list of eight situations in which you rate your tendency to become sleepy

Instructions: Be as truthful as possible

Write down the number corresponding to your choice in the right-hand column. Total your score below.

No chance of dozing = 0

Slight chance of dozing = 1

Moderate chance of dozing = 2

High chance of dozing = 3

**SITUATION** **SCORE**

|  |  |
| --- | --- |
| Sitting and Reading |  |
| Watching TV |  |
| Sitting inactive in a public place (e.g., a theater 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 a lunch without alcohol |  |
| In a car, while stopped for a few minutes in traffic |  |