



PULMONARY SLEEP &
CRITICAL CARE SPECIALISTS

EPWORTH SLEEPINESS SCALE

Name: _____ Today's Date: _____

Date of Birth: _____ Your age (in years): _____ Sex : M F

The following questionnaire will help you measure your general level of daytime sleepiness. Each item is rated from 0 to 3, with 0 meaning you would never doze or fall asleep in a given situation, and 3 meaning that there is a very high likelihood that you would doze or fall asleep in that situation.

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? Even if you haven't done some of these things recently, think about 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

Chance of dozing (0-3)

- | | |
|--|---|
| Sitting and reading | <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| Watching TV | <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| Sitting, inactive in a public place (e.g., a theater or a meeting) | <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| As a passenger in a car for an hour without a break | <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| Lying down to rest in the afternoon when circumstances permit | <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| Sitting and talking to someone | <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| Sitting quietly after a lunch without alcohol | <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| In a car, while stopped for a few minutes in the traffic | <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |

Thank you for your cooperation.

Add the number for your total score: _____

Scoring: 10+ Indicates Sleepiness that should be evaluated