

# EPWORTH SCALE

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired? We would like for you to consider time this past week, including today. Even if you have not done some of these things during the past week, estimate how likely you would be to doze off or fall asleep in these situations. 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

- |  |       |
|--|-------|
| 1. Sitting and reading   | _____ |
| 2. Watching TV   | _____ |
| 3. Sitting, inactive in a public place (e.g. a theatre or a meeting) | _____ |
| 4. As a passenger in a car for an hour without a break               | _____ |
| 5. Lying down to rest in the afternoon when circumstances permit     | _____ |
| 6. Sitting and talking to someone                                    | _____ |
| 7. Sitting quietly after lunch without alcohol                       | _____ |
| 8. In a car, while stopped for a few minutes in traffic              | _____ |