EPWORTH SLEEPINESS SCALE FORM

Instructions: Be as truthful as possible. Print the form. Read the situation in the first column; select your response from the second column; enter that number in the third column. Total all of the entries in the third column and enter the total in the last box.

Situation	Responses	Score
Sitting and Reading	0 = would never doze	
	1 = slight chance of dozing	}
	2 = moderate chance of dozing	
	3 = high chance of dozing	
Watching Television	0 = would never doze	
	1 = slight chance of dozing	
	2 = moderate chance of dozing	
	3 = high chance of dozing	
Sitting inactive in a public place, for example, a theater or a meeting	0 = would never doze	
	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 doze	
	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 doze	
	1 = slight chance of dozing	
	2 = moderate chance of dozing	
	3 = high chance of dozing	
Sitting and talking to someone	0 = would never doze	
	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 doze	
	1 = slight chance of dozing	
	2 = moderate chance of dozing	
	3 = high chance of dozing	
	0 = would never doze	
In a car while stopped in traffic	1 = slight chance of dozing	
	2 = moderate chance of dozing	
	3 = high chance of dozing	
TOTAL SCORE		

A score of 10 or greater indicates a possible sleep disorder. Take the completed form to your doctor.