

Epworth Sleepiness Scale

Name: _____

Height: _____ Weight: _____ Age: _____ Male: ___ Female: ___

Do you have a history of:

Hypertension/Stroke **Yes:** _____ **No:** _____

Heart Disease **Yes:** _____ **No:** _____

Diabetes **Yes:** _____ **No:** _____

The Epworth Sleepiness Scale is a simple, self-administered questionnaire which will provide a measurement of your general level of daytime sleepiness. Please use the scale below to rate your level of sleepiness in each given situation.

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life. Even if you have not done some of these things recently, try to think about how they would affect you now.

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