

## Epworth Sleepiness Scale

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

How likely are you to doze off or fall asleep in the following situations?

Use the following scale to choose the **most appropriate number** for each situation and write it in the space provided:

- 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   |                        |
| Watching TV   |                        |
| Sitting, inactive in a public place (i.e. movie or a meeting) |                        |
| As a passenger in a car for an hour without a break           |                        |
| Lying down to rest in the afternoon                           |                        |
| Sitting and talking to someone                                |                        |
| Sitting quietly after a lunch (without alcohol)               |                        |
| In a car, while stopped for a few minutes in the traffic      |                        |
| <b>TOTAL</b>  |                        |

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To be completed by physician

Height \_\_\_\_\_ Weight \_\_\_\_\_ BMI \_\_\_\_\_ Neck Circumference \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_