Intermountain Healthcare

Dixie Regional Sleep Disorders Center

◆ EPWORTH SLEEPINESS SCALE ◆

Patient Name: _____ **DOB:** _____

INSTRUCTIONS:

Rate the chance that you would doze off or fall asleep during different routines, daytime situations. How likely are you to fall asleep in contrast to just feeling tired? Use the following scale to choose the most appropriate number in each situation. Then add the numbers up for the total score.

SCALE
0 = I would **NEVER** fall asleep.
1 = **SLIGHT** chance of falling asleep.
2 = **MODERATE** chance of falling asleep.
3 = **HIGH** chance of falling asleep.

SITUATION	CHANCE OF DOZING (0 to 3)
Sitting and reading	
Watching TV	
Sitting, inactive in a public place (e.g. theater or a meeting)	
As a passenger in a car for an hour without a break.	
Lying down to rest in the afternoon when time permits	
Sitting and talking to someone	
Sitting quietly after lunch (without alcohol)	
In a car, while stopped for a few minutes in traffic	
Total Score =	

Physicians Notes: