

# Epworth Sleepiness Scale

Today's Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of birth (mm/dd/yyyy): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Insurance (primary): \_\_\_\_\_ Policy #: \_\_\_\_\_

This rating scale is used to assess your level of daytime sleepiness. For each situation in the list below, rate how likely are you to doze off or fall asleep, in contrast to feeling just tired. This refers to your usual way of life in recent times. Even if you have not done some of these things recently, try to work out how they would have affected you. Use the **Ratings** scale to choose the most appropriate number for each situation.

## Situation

## Chance of dozing or sleeping:

1. Sitting and reading \_\_\_\_\_
2. Watching television \_\_\_\_\_
3. Sitting inactive in a public place (for example, theater) \_\_\_\_\_
4. As a car passenger for an hour without a break \_\_\_\_\_
5. Lying down to rest in the afternoon \_\_\_\_\_
6. Sitting and talking to someone \_\_\_\_\_
7. Sitting quietly after lunch without alcohol \_\_\_\_\_
8. In a car, while stopping for a few minutes in traffic \_\_\_\_\_

### Ratings:

0 = Would *never* doze

1 = *Slight* chance of dozing

2 = *Moderate* chance of dozing

3 = *High* chance of dozing

## Comments:



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## EPWORTH SLEEPINESS SCALE

Questionnaire adapted with permission from Johns MW. A new method for measuring daytime sleepiness: the Epworth sleepiness scale. *SLEEP* 1991;14:540-545 (Permission granted for Intermountain physician use.)