



## Epworth Sleepiness Scale

Use this scale to determine your patient's level of sleepiness.

Choose the most appropriate number for each situation:

|   |
|---|
| 0 = no chance of dozing                   |
| 1 = slight chance of dozing or sleeping   |
| 2 = moderate chance of dozing or sleeping |
| 3 = high chance of dozing or sleeping     |

| Situation  | Chance of Dozing or Sleeping |
|--|------------------------------|
| Sitting and reading  | _____                        |
| Watching TV  | _____                        |
| Sitting inactive in a public place                                     | _____                        |
| As a passenger in a motor vehicle for an hour or more                  | _____                        |
| Lying down to rest in the afternoon when circumstances permits         | _____                        |
| Sitting and talking to someone   | _____                        |
| Sitting quietly after lunch without alcohol                            | _____                        |
| In a car, while stopped for a few minutes in traffic                   | _____                        |
| <b>Total score (add the scores up)</b><br>(This is your Epworth score) | _____                        |

If your patient scores 10 or more, we recommend your patient consult one of our physicians to treat a sleep disorder, address an underlying condition affecting sleep and develop proper sleep hygiene.