Epworth Sleepiness Scale

Name: _____ **Date of Birth:** __/__/____ **Date Completed:**__/__/____

Please choose the likeliness of dozing off in the following situations:

	Never	Slight Chance	Moderate Chance	High Chance
Sitting and reading	☐ 0	☐ 1	☐ 2	☐ 3
Watching TV	☐ 0	☐ 1	☐ 2	☐ 3
Sitting inactive in a public place like a meeting or theatre	☐ 0	☐ 1	☐ 2	☐ 3
As a car passenger for an hour	☐ 0	☐ 1	☐ 2	☐ 3
Lying down to rest in the afternoon	☐ 0	☐ 1	☐ 2	☐ 3
Sitting and talking to someone	☐ 0	☐ 1	☐ 2	☐ 3
Sitting quietly after eating lunch without alcohol	☐ 0	☐ 1	☐ 2	☐ 3
Stopped for a few minutes in traffic whilst driving	☐ 0	☐ 1	☐ 2	☐ 3