

Name _____

Date _____

Your Age _____

Your sex (Male = M, Female = F) _____

Epworth Sleepiness Scale

The Epworth Sleepiness Scale is used to determine the level of daytime sleepiness. A score of 10 or more is considered sleepy. A score of 18 or more is very sleepy. If you score 10 or more on this test, you should consider speaking with your doctor because you may not be getting enough sleep. Many causes can affect your sleep: sleep hygiene, primary sleep disorders, medical illnesses, psychiatric illnesses, and substances like caffeine, smoking, or alcohol.

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired?

This refers to your usual way of life in recent times. Even if you haven't done some of these things recently try to work out how they would have affected you.

Use the [following](#) scale to choose the most appropriate number for each situation:

- 0 = would *never* doze or sleep.
- 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 | _____ |
| Being a passenger in a motor vehicle for an hour or more | _____ |
| Lying down in the afternoon | _____ |
| Sitting and talking to someone | _____ |
| Sitting quietly after lunch (no alcohol) | _____ |
| Stopped for a few minutes in traffic while driving | _____ |
| Total score (add the scores up) (This is your Epworth score) | _____ |