



## Epworth Sleepiness Scale

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Age: \_\_\_\_\_

How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired? This refers to your usual way of life. Even if you have not done some of these recently, try to work out how they would have affected you. Rate your chance of dozing in each situation. **Select only one answer for each situation.**

Situation	Chance of Dozing	Situation	Chance of Dozing
Sitting and Reading	<input type="checkbox"/> Would never <input type="checkbox"/> Slight chance of dozing <input type="checkbox"/> Moderate chance of dozing <input type="checkbox"/> High chance of dozing	Lying down to rest in the afternoon	<input type="checkbox"/> Would never <input type="checkbox"/> Slight chance of dozing <input type="checkbox"/> Moderate chance of dozing <input type="checkbox"/> High chance of dozing
Watching TV	<input type="checkbox"/> Would never <input type="checkbox"/> Slight chance of dozing <input type="checkbox"/> Moderate chance of dozing <input type="checkbox"/> High chance of dozing	Sitting and talking to someone	<input type="checkbox"/> Would never <input type="checkbox"/> Slight chance of dozing <input type="checkbox"/> Moderate chance of dozing <input type="checkbox"/> High chance of dozing
Sitting inactive in a public place (i.e., a theater or	<input type="checkbox"/> Would never <input type="checkbox"/> Slight chance of dozing <input type="checkbox"/> Moderate chance of dozing <input type="checkbox"/> High chance of dozing	Sitting quietly after lunch without alcohol	<input type="checkbox"/> Would never <input type="checkbox"/> Slight chance of dozing <input type="checkbox"/> Moderate chance of dozing <input type="checkbox"/> High chance of dozing
As a passenger in a car for hour without a break	<input type="checkbox"/> Would never <input type="checkbox"/> Slight chance of dozing <input type="checkbox"/> Moderate chance of dozing <input type="checkbox"/> High chance of dozing	In a car while stopped in for a few minutes	<input type="checkbox"/> Would never <input type="checkbox"/> Slight chance of dozing <input type="checkbox"/> Moderate chance of dozing <input type="checkbox"/> High chance of dozing

Score: \_\_\_\_\_

20.0017



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### EPWORTH SLEEPINESS SCALE

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**O.M.C. No. 2072**

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 PATIENT LABEL  
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