



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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