

PHYSICIAN PARTNERS  
PULMONARY, CRITICAL CARE, SLEEP SPECIALISTS

Date \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_

**EPWORTH SLEEPINESS SCALE**

How likely are you to doze or fall asleep in the following situations, in contrast to just feeling tired? This refers to your usual way of life in recent times. Even if you have not 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 below:

- 0= Would never doze
- 1= Slight chance of dozing
- 2= Moderate chance of dozing
- 3= High chance of dozing

<b>Situation:</b>	<b>Chance of dosing (please circle one)</b>			
Sitting & reading	0	1	2	3
Watching Television	0	1	2	3
Sitting inactive in a public place for an hour without a break	0	1	2	3
As a passenger in a car for an hour without a break	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 lunch without alcohol	0	1	2	3
In a car while stopped in traffic	0	1	2	3
<b>Total score</b>	<hr/>			
	<b>(Maximum- 24, normal &lt;10)</b>			