

EPWORTH SLEEPINESS SCALE

NAME: _____ MR# _____ HEIGHT: _____

PHONE(HOME): _____ WORK: _____ WEIGHT: _____

AGE: _____ SEX: M F TODAY'S DATE: _____

PLEASE INDICATE THE LIKELIHOOD THAT YOU WOULD FALL ASLEEP IN THE FOLLOWING SITUATIONS. USE SCALE OF (0-3). THIS REFERS TO YOUR USUAL WAY OF LIFE. USE THE FOLLOWING SCALE TO CHOOSE THE MOST APPROPRIATE NUMBER FOR THE SITUATION.

- 0 = WOULD NEVER DOZE
- 1 = SLIGHT CHANCE OF DOZING
- 2 = MODERATE CHANCE OF DOZING
- 3 = HIGH CHANCE OF DOZING

<u>SITUATION</u>	<u>CHANCE OF DOZING</u>
SITTING AND READING	_____
WATCHING TV	_____
SITTING, INACTIVE IN A PUBLIC PLACE (THEATER OR MEETING)	_____
AS A PASSENGER IN A CAR FOR AN HOUR WITHOUT A BREAK	_____
LYING DOWN TO REST IN THE AFTERNOON	_____
SITTING AND TALKING TO SOMEONE	_____
SITTING QUIETLY AFTER LUNCH WITHOUT ALCOHOL	_____
IN A CAR, WHILE STOPPED FOR A FEW MINUTES IN TRAFFIC	_____
THANK YOU FOR YOUR COOPERATION	TOTAL: _____