

Sleep Medicine Associates, LLC

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Epworth Sleepiness Scale

Name: _____ Age: _____

Appointment Date: _____

Your gender: (circle) M / F

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 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:

- 0 = would never doze
- 1 = *slight* chance of dozing
- 2 = *moderate* chance of dozing
- 3 = *high* chance of dozing

Situation

Chance of Dozing

Sitting and reading _____

Watching TV _____

Sitting inactive in a public place
(i.e. a theater or meeting). _____

As passenger in a car for an hour
without a break _____

Lying down to rest in the afternoon
when circumstances permit _____

Sitting and talking to someone _____

Sitting quietly after lunch without alcohol _____

In a car while stopped for a few minutes in traffic _____