

Epworth Sleepiness Scale

PATIENT'S NAME: _____

DATE: _____

The Epworth Sleepiness Scale

Use the following question to score each section below. The question refers to your usual way of life in recent times. Use the scale to choose the most appropriate number of each situation.

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

“How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired?”

SITUATION	CHANCE OF DOZING (Score 0 – 3)
Sitting and reading	
Watching TV	
Sitting, inactive in a public place (e.g. Theatre or meeting)	
As a 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 a lunch without alcohol or drugs (not your usual drugs)	
In a car while stopping for a few minutes in the traffic	
Total	

Staff to complete:

NOTES:

ASSESSMENT CARRIED OUT BY: _____

Modified from The Epworth Sleepiness Scale 13-Aug-2019