

NAME:

DOB:

MR#:

HCL# :

LABEL or ADDRESSOGRAPH

## The Epworth Sleepiness Scale



112924EVSL

Today's date

Patient age (years)

 Female    Male

### DIRECTIONS:

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 circle 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 (CIRCLE NUMBER)			
Sitting and reading	0	1	2	3
Watching TV	0	1	2	3
Sitting, inactive in a public place (e.g., a theater or a meeting)	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 when circumstances permit	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after a lunch without alcohol	0	1	2	3
In a car, while stopped for a few minutes in traffic	0	1	2	3
<b>TOTAL SCORE:</b>	<div style="border: 1px solid black; width: 80px; height: 25px; display: inline-block;"></div>			

*Thank you for your cooperation.*

2 Week

6 Week

6 months

1 year