

The Epworth Sleepiness Scale

Sex: M or F (circle one)

How likely are you to doze off 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.

Please rate how you feel these questions pertain to you.

- (0) Would not doze
- (1) Slight chance of dozing
- (2) Moderate chance of dozing
- (3) High chance of dozing

<u>Situation</u>	<u>Chance of Dozing</u>
1. Sitting and reading:	___0 ___1 ___2 ___3
2. Watching TV:	___0 ___1 ___2 ___3
3. Sitting inactive in a public place:	___0 ___1 ___2 ___3
4. As a passenger in a car without a break:	___0 ___1 ___2 ___3
5. Lying down in afternoon when circumstances permit:	___0 ___1 ___2 ___3
6. Sitting and talking with someone:	___0 ___1 ___2 ___3
7. Sitting quietly after lunch without alcohol:	___0 ___1 ___2 ___3
8. In a car, while stopped for a few minutes in traffic:	___0 ___1 ___2 ___3

TOTAL _____

Thank you for your responses. This will assist the physician with a better understanding of your current sleep problem.

HIC HENRY COUNTY
MIC MEDICAL CENTER
Sleep Disorders Center
Epworth Sleepiness Scale
RESP: 052506-11

310 Tyson Ave
P.O. Box 1030
Paris, Tennessee 38242
Phone: (731) 644-8414

Patient Name: _____
Date: _____ DOB: _____
Account #: _____
Medical Record #: _____
Doctor: _____