



Sleep Center •
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1028 East Main Street • Morehead, KY 40351

EPWORTH SLEEPINESS SCALE

NAME: _____ BIRTHDATE: _____ DATE: _____

RATE THE FOLLOWING SITUATIONS ACCORDING TO HOW LIKELY YOU WOULD DOZE OFF WHILE DOING EACH.

USE THE FOLLOWING SCALE TO RATE EACH SITUATION.

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

<u>SITUATION</u>	<u>CHANCE OF DOZING</u>
SITTING AND READING	_____
WATCHING TV	_____
SITTING INACTIVE IN A PUBLIC PLACE	_____
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	_____
IN A CAR, WHILE STOPPED IN TRAFFIC	_____
<u>TOTAL SCORE</u>	_____

IF YOUR SCORE IS 10 OR HIGHER, OR IF YOU'VE FALLEN ASLEEP WHILE DRIVING, PLEASE CONTACT YOUR PHYSICIAN.