

Washington University Sleep Medicine Center	Epworth Sleepiness Scale
	Patient Initials/Code: _____ Date: _____

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 recently try to work out how they would have affected you. Use the following scale to choose the most appropriate number for each situation and write in the blank provided:

- 0 = would **never** 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	_____
2. Watching TV	_____
3. Sitting, inactive in a public place (e.g. theatre or a meeting)	_____
4. As a passenger in a car for an hour without a break	_____
5. Lying down to rest in the afternoon when circumstances permit	_____
6. Sitting and talking to someone	_____
7. Sitting quietly after lunch without alcohol	_____
8. In a car, while stopped for a few minutes in the traffic	_____

Patient Initials: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Research Staff Only:

Site Initials:	Time Completed:	TS:
----------------	-----------------	-----