

THE EPWORTH SLEEPINESS SCALE

How likely are you to doze off or fall asleep in the following situations?

| √ Check one in each row: | 0 No chance of dozing | 1 Slight chance of dozing | 2 Moderate chance of dozing | 3 High chance of dozing |
|--|-----------------------------|---------------------------------|--------------------------------------|-------------------------------|
| Sitting and reading | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Watching TV | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sitting inactive in a public place (e.g. a theater or a meeting) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| As a passenger in a car for an hour without a break | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lying down to rest in the afternoon when circumstances permit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sitting and talking to someone | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sitting quietly after a lunch without alcohol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In a car, while stopped for a few minutes in traffic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Patient Signature _____

Date _____