

Marshall Sleep Disorders Center Epworth Sleepiness Scale

Name: _____ Date: _____

DOB: _____ Age: _____

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 estimate how they would have affected you. Use the following scale to choose the most appropriate response for each situation.

- 0 = would never doze
- 1 = slight chance of dozing
- 2 = moderate chance of dozing
- 3 = high chance of dozing

TOTAL SCORE: _____

Situation	Chance of Dozing
Sitting & reading	_____
Watching TV	_____
Sitting inactive in a public place (a theater, or meeting)	_____
As a passenger in a car, for an hour without a break	_____
Sitting & talking to someone	_____
Sitting quietly after lunch	_____
In a car, while stopped for a few minutes in traffic	_____

Now add all the numbers together and if your score is 10 or above you need to talk with your doctor or call the Marshall Sleep Disorders Center for a sleep evaluation. Contact the Marshall Sleep Disorders Center at 894-6850.