



**ST. VINCENT'S MEDICAL CENTER – SLEEP CARE CENTER
THE EPWORTH SLEEPINESS SCALE**

YOUR SEX:

Male

Female

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just 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 affect you. Use the following scale to circle the most appropriate number for each situation:

- 0 = would never doze or fall asleep
- 1 = slight chance of dozing or falling asleep
- 2 = moderate chance of dozing or falling asleep
- 3 = high chance of dozing or falling asleep

<u>Situation</u>	<u>Chance of dozing</u>
1. Sitting and reading	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
2. Watching TV	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
3. Sitting, inactive in a public place (e.g. a theater, a meeting, or a park)	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
4. As a passenger in a car for an hour without a break	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
5. Lying down to rest in the afternoon when circumstance permit	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
6. Sitting and talking to someone	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
7. Sitting quietly after a lunch without alcohol	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
8. In a car, while stopped for a few minutes in traffic	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

Patient Signature: _____

Date: _____