



The Epworth Sleepiness Scale

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Name: _____

Date: ____/____/____

How likely are you to doze off or fall sleep in the situations described in the box below, in contrast to feeling just tired?

This refers to your usual ways in recent times.

Even if you have not done some of these things recently, try to work out how they would have affected you.

Use the following scale to choose the most appropriate number for each situation:

- 0 = Would never doze
- 1 = Slight chance of dozing
- 2 = Moderate chance of dozing
- 3 = High chance of dozing

Situation	Chance of Dozing
Sitting and reading	
Watching TV	
Sitting, inactive in a public place (eg, a theatre, a meeting)	
As a passenger in a car for 1 hour without a break	
Lying down to rest in the afternoon when circumstances permit	
Sitting and talking to someone	
Sitting quietly after lunch without alcohol	
In a car, while stopped for a few minutes in the traffic	

Score _____