

NEIL A PATTERSON MD PA
Family Medicine Clinic

EPWORTH SLEEPINESS SCALE

Patient Name: _____ DOS: _____

Using the scale below please indicate in each situation how likely you are to doze off or fall asleep in contrast to just feeling tired. This refers to your usual way of life in recent times.

0	No chance of dozing
1	Slight chance of dozing
2	Moderate chance of dozing
3	High chance of dozing

SITUATION	CHANCE OF DOZING
Sitting & reading	
Watching TV	
Sitting inactive in a public place (theater, meeting)	
As a passenger in a car for an hour without a break	
Lying down to rest in the afternoon when circumstances permit	
Sitting and talking to someone	
Sitting quietly after a lunch without alcohol	
In a car, while stopped for a few minutes in traffic	
TOTAL	