

Lisa A. Whims-Squires, D.O., FCCP, FAASM, FACOI
1305 S. Fort Harrison Avenue
Building G
Clearwater, FL 33756
Telephone: (727) 466-9847
FAX: (727) 466-0346

THE EPWORTH SLEEPINESS SCALE

Name _____

Date _____

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 WORK OUT HOW THEY WOULD AFFECT 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			
1. SITTING AND READING	0	1	2	3
2. WATCHING TELEVISION	0	1	2	3
3. SITTING INACTIVE IN A PUBLIC PLACE	0	1	2	3
4. AS A PASSENGER IN A CAR FOR AN HOUR WITHOUT A BREAK	0	1	2	3
5. LYING DOWN TO REST IN THE AFTERNOON WHEN CIRCUMSTANCES PERMIT	0	1	2	3
6. SITTING AND TALKING TO SOMEONE	0	1	2	3
7. SITTING QUIETLY AFTER LUNCH WITHOU ALCOHOL	0	1	2	3
8. IN A CAR, WHILE STOPPED FOR A FEW MINUTES IN TRAFFIC	0	1	2	3

TOTAL _____