

Opnex Medical Group PLLC
Epworth Sleepiness Scale

Name: _____ Date of Birth: _____ Date: _____

- How likely are you to doze off or fall asleep in the situations described below, in contrast to feeling just tired?
- This refers to your usual way of life in recent times.
- Even if you don't, or haven't done some of these things recently, try to imagine how they would affect you.

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

Situation	Chance of dozing			
	Would never doze	Slight chance of dozing	Moderate chance of dozing	High chance of dozing
Sitting and reading	0	1	2	3
Watching TV	0	1	2	3
Sitting, inactive in a public place (e.g. a theatre or a meeting)	0	1	2	3
As a passenger in a car for an hour without a break	0	1	2	3
Lying down to rest in the afternoon when circumstances permit	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after a lunch without alcohol	0	1	2	3
In a car, while stopped for a few minutes in the traffic	0	1	2	3

Total Score _____/24