Hartford HealthCare

571781

BACKUS HOSPITAL – SLEEP DISORDER 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

Situation	Chance of dozing
1. Sitting and reading	❑ 0 ❑ 1 ❑ 2 ❑ 3
2. Watching TV	❑ 0 ❑ 1 ❑ 2 ❑ 3
3. Sitting, inactive in a public place (e.g. a theater, a meeting, or a park)	❑ 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 circumstance permit	❑ 0 ❑ 1 ❑ 2 ❑ 3
6. Sitting and talking to someone	❑ 0 ❑ 1 ❑ 2 ❑ 3
7. Sitting quietly after a lunch without alcohol	❑ 0 ❑ 1 ❑ 2 ❑ 3
8. In a car, while stopped for a few minutes in traffic	❑ 0 ❑ 1 ❑ 2 ❑ 3

Patient Signature: _____

Date: _____