

VERMONT MEDICAL SLEEP DISORDERS CENTER
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THE EPWORTH SLEEPINESS SCALE

Name: _____ Age: _____ Phone: _____

Today's Date: _____ 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 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 Television	_____
Sitting, inactive, in a public place (e.g. a movie theater or a 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 lunch without alcohol	_____
In a car, while stopped for a few minutes in traffic	_____
TOTAL	_____

Thank you for your cooperation