

SLEEP CENTER

THE EPWORTH SLEEPINESS SCALE

Name _____ Date ____ / ____ / ____

Phone Number _____ Age _____ Male or Female

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 routine/way of life recently. 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
1. Sitting and reading	<input type="checkbox"/>
2. Watching TV	<input type="checkbox"/>
3. Sitting, inactive in a public place (ie. theater)	<input type="checkbox"/>
4. As a passenger in a car for over an hour	<input type="checkbox"/>
5. Lying down in the afternoon when possible	<input type="checkbox"/>
6. Sitting and talking to someone	<input type="checkbox"/>
7. Sitting quietly after a lunch without alcohol	<input type="checkbox"/>
8. In a car, while stopped at a traffic light for a few minutes	<input type="checkbox"/>

If your score is above 10 on the Epworth sleepiness scale, you may be at risk.
Please call us at **609-748-5405** to learn about scheduling an evaluation.