# 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 | [ ]  
2. Watching TV | [ ]  
3. Sitting, inactive in a public place (ie. theater) | [ ]  
4. As a passenger in a car for over an hour | [ ]  
5. Lying down in the afternoon when possible | [ ]  
6. Sitting and talking to someone | [ ]  
7. Sitting quietly after a lunch without alcohol | [ ]  
8. In a car, while stopped at a traffic light for a few minutes | [ ]

*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.*