



Epworth sleepiness scale questionnaire

This questionnaire is for patients attending the Sleep Clinic. Please complete your scores and bring this sheet with you to your next appointment.

Name: _____

Date: _____

How to record your answers accurately

How likely are you to doze off or fall asleep in the situations described below, in contrast to just feeling tired? This refers to your usual way of life in recent times.

Even if you haven't 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	
As a passenger in a vehicle for an hour without a break	
Lying down to rest in the afternoon (when circumstances permit)	
Sitting and talking to somebody	
Sitting quietly after lunch without alcohol	
In a car, while stopped for a few minutes in traffic	
TOTAL	

Contact numbers

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Please ask if you need this information in another language or format.