



PLATTE VALLEY
SLEEP MEDICINE

EPWORTH SLEEP SCALE

Patient Name _____ Date _____

How likely are you to **doze off** or **fall asleep** in the following situations, in contrast to just feeling tired? This refers to your day-to-day life in the recent past. (Even if you have not engaged in some of these activities recently, try to think about how they might affect you now.)

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 (0-3)
Sitting and reading	_____
Watching TV	_____
Sitting in a public place (theatre or meeting)	_____
As a passenger in a car for an hour without a break	_____
Lying down to rest in the afternoon if time	_____
Sitting and talking with someone	_____
Sitting quietly after lunch without alcohol	_____
In a car while stopped for a few minutes in traffic	_____
TOTAL	_____

Your score means:

- 0 – 7 *It's unlikely you're abnormally sleepy*
- 8 – 9 *You have an average amount of daytime sleepiness*
- 10 – 15 *You may be excessively sleepy, depending on the situation. You may want to consider seeking medical evaluation.*
- 16 – 24 *You are excessively sleepy. Consider seeking medical attention.*

Ask your doctor
if a sleep study is right for you

