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SLEEP DIAGNOSTIC CENTER

EPWORTH SLEEPINESS SCALE

Patient Name (Please Print): _____

Date: _____

Use the following scale to choose the most appropriate number for each situation:

0 = would never doze or sleep

1 = slight chance of dozing or sleeping

2 = moderate change of dozing or sleeping

3 = high change of dozing or sleeping

Print out this test fill in your answers and see where you stand.

SITUATION	CHANCE OF DOZING OR SLEEPING			
Sitting and reading	0	1	2	3
Watching TV	0	1	2	3
Sitting inactive in a public place	0	1	2	3
Being a passenger in a motor vehicle for an hour or more	0	1	2	3
Lying down in the afternoon	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after lunch (No Alcohol)	0	1	2	3
Stopped for a few minutes in traffic while driving	0	1	2	3
Total Score (add the scores up)				