

# Epworth Sleepiness Scale

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Your Age (years): \_\_\_\_\_ Your Sex (Male = M; Female = F): \_\_\_\_\_

**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 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

*It is important that you answer each question as best you can.*

**Situation**

**Chance of Dozing (0-3):**

- Sitting and reading.....
- Watching TV.....
- Sitting, inactive, in a public place (e.g. the theatre or a meeting).....
- As a passenger in a car for an hour without a break.....
- Lying down to rest in the afternoon when circumstances permit.....
- Sitting and talking to someone.....
- Sitting quietly after a lunch without alcohol.....
- In a car, while stopped for a few minutes in traffic.....
- Total**.....

_____
_____
_____
_____
_____
_____
_____
_____
_____

**If your total is 11 or higher, please reach out to your provider to discuss potential sleep issues.**

If you have questions and would like to speak to a Respiratory Therapist at Windom Area Health, call 507-831-0647.

- 0-5: Lower normal daytime sleepiness
- 6-10: Higher normal daytime sleepiness
- 11-12: Mild excessive daytime sleepiness
- 13-15: Moderate excessive daytime sleepiness
- 16-24: Severe excessive daytime sleepiness