

Name

Date

Hospital number

EPWORTH SLEEPINESS SCALE

BEFORE TREATMENT

This scale assesses your level of sleepiness during the day.

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just 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 (0-3)
Sitting reading	_____
Watching TV	_____
Sitting inactive in a public place e.g. waiting room, theatre	_____
As a passenger in a car for an hour without a break	_____
Lying down for a rest in the afternoon when circumstances permit	_____
Sitting and talking to someone	_____
Sitting quietly after lunch without alcohol	_____
In a car, while stopped for a few moments in traffic	_____
