

PATIENT NAME: _____

DATE: _____

EPWORTH SLEEPINESS SCALE

| SITUATION | Would Never Doze | Slight Chance of Dozing | Moderate Chance of Dozing | High Chance of Dozing | MY SCORE |
|---|------------------|-------------------------|---------------------------|-----------------------|----------|
| Sitting and reading | 0 | 1 | 2 | 3 | |
| Watching television | 0 | 1 | 2 | 3 | |
| Sitting inactive in a public place (theater or meeting) | 0 | 1 | 2 | 3 | |
| As a passenger in a car for an hour without break | 0 | 1 | 2 | 3 | |
| Laying down to rest 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 | |
| In a car, while stopped in traffic | 0 | 1 | 2 | 3 | |
| TOTAL SCORE | | | | | |

NURSE/OFFICE USE ONLY

Weight _____ Pulse _____ Neck Size _____

Height _____ BP _____ SpO2 _____

Comments _____

Revised 10/1/2019

