



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 4/9/2021

