



## The Insomnia and Sleep Institute of Arizona

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### EPWORTH SLEEPINESS SCALE

This is a validated questionnaire to assess your level of daytime sleepiness in various situations.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

How likely are you to doze off or fall asleep in the situations described below in contrast to feeling just Physically fatigued?

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

Sitting and reading	0	1	2	3
Watching TV	0	1	2	3
Sitting, inactive in a public place (i.e.- a theatre or a meeting)	0	1	2	3
As a passenger in a car for an hour without a break	0	1	2	3
Lying down to rest in the afternoon when circumstances permit	0	1	2	3
Sitting and talking with someone	0	1	2	3
Sitting quietly after a lunch without alcohol	0	1	2	3
In a car, while stopped for a few minutes in traffic	0	1	2	3
<b>TOTAL</b> (add each number circled for all 8 categories)	_____			