Name: $\qquad$ DOB: $\qquad$ Date:

## EPWORTH SLEEPINESS SCALE

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Please rate how likely you are to doze or fall asleep in the following situations by selecting the response that best applies. If you have not done some of these activities recently, select what would most likely happen if you were in that situation.

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

0
Would never doze

Slight chance
of dozing

2
Moderate chance
of dozing
 High chance of dozing

|  | Chance of Dozing |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| Sitting and reading | 0 | 1 | 2 | 3 |
| Watching television | 0 | 1 | 2 | 3 |
| Sitting inactive in a public place (eg, a theater 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 to 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 |
|  |  | Or |  |  |

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