Family Medicine Associates
Westfield, Massachusetts

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EPWORTH SLEEPINESS SCALE

Name:	Today's Date:
DOB:	Gender:

Please bring a copy of results to next upcoming appointment

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

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

Situation	**Chance of Dozing (0-3)**
Sitting and reading	Select
Watching TV	Select
Sitting, inactive in a public place (e.g. a theatre or a meeting)	Select
As a passenger in a car for an hour without a break	Select
Lying down to rest in the afternoon when circumstances permit	Select
Sitting and talking to someone	Select
Sitting quietly after a lunch without alcohol	Select
In a car, while stopped for a few minutes in traffic	Select
Total	Select

Results

0-6	Congratulations, you are getting enough sleep.
7-8	Your score is average.
9-24	Please make an appointment to talk to your physician.