



Sleep Health Center
(816) 346-7450



Epworth Sleepiness Scale

Name: _____ (optional)

How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired? As you consider the situations below, think about how you have been affected recently.

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

| <u>Situation</u> | <u>Chance of Dozing</u> |
|---|-------------------------|
| 1. Sitting and reading | _____ |
| 2. Watching television | _____ |
| 3. Sitting inactive in a public place (theater, meeting, lecture, etc.) | _____ |
| 4. As a passenger in a car for an hour without a break | _____ |
| 5. Lying down to rest in the afternoon when circumstances permit | _____ |
| 6. Sitting and talking to someone | _____ |
| 7. Sitting quietly after lunch (without alcohol) | _____ |
| 8. In a car, while stopped for a few minutes in traffic | _____ |

Total Score: _____

Please list your: Current Weight / Maximum Weight / and Neck Circumference
(Shirt Collar Size)

_____ / _____ / _____

You can take this to your doctor if you think you might have a problem with your sleep.

Scoring of the Epworth Sleepiness Scale

If you have a score of:

0 to 5

You are probably getting enough sleep.

6 to 9

You might be sleepier than you realize, but still ok.

10 to 11

Sleepiness/fatigue may be a real problem for you.
You may want to talk to your doctor about sleepiness.

12 to 15

You are significantly sleepy and may need treatment.
You should talk to your doctor about sleepiness.

16 or more

You have a real sleep problem.
Please talk to your doctor about sleepiness.