

EPWORTH SLEEPINESS SCALE

Completing the following questionnaire will help determine your general level of daytime sleepiness and fatigue.

Name: _____

Date: _____

How likely are you to feel tired in the situations described below?

Use the following scale to choose the most appropriate level of your tiredness:

0	Would Never Feel Tired
1	Light Chance of Feeling Tired
2	Moderate Chance of Feeling Tired
3	High Chance of Feeling Tired

How Tired Would You Become?	(0 = Low 3 = High)				Enter Score
Sitting and Reading	0	1	2	3	
Watching television	0	1	2	3	
Sitting inactive in a public place – for example, a theater or meeting	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 lunch (without drinking any alcohol)	0	1	2	3	
In a car, while stopped for a few minutes in traffic	0	1	2	3	
As a passenger in a car for an hour without a break	0	1	2	3	
Total score:					

Clinician
Info Only:

Total
Score:
11+

A score of 11 or above is often required by medical insurance payers to prove medical necessity for diagnosis and therapy.