



S L E E P
C E N T E R
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**THE EPWORTH
SLEEPINESS SCALE**

Please use the following scale, to decide the likeliness you would doze off or fall asleep in the following situations.

Even if you have NOT done some of these things RECENTLY, try to answer how they would have affected you.

Using the following scale, Please choose the most appropriate number for each situation:

- 0** = Would **NEVER** doze or fall asleep
- 1** = **Slight Chance** of dozing or falling asleep
- 2** = **Moderate Chance** of dozing or falling asleep
- 3** = **High Chance** of dozing or falling asleep

SITUATIONS:

Chance of dozing

Sitting and Reading	_____
Watching TV	_____
Sitting, inactive in a public place (Theatre, meeting, etc.)	_____
As a passenger in a car, for an hour without a break	_____
Lying down to rest in the afternoon	_____
Sitting and talking to someone	_____
Sitting quietly after lunch, without alcohol	_____
In a car while stopped, for a few minutes in traffic	_____

TOTAL : _____

Add up the numbers you put in each box to get your total score. A total score of less than 10 suggest that you may not be suffering from excessive daytime sleepiness. **A total score of 10 or more suggests that you may need further evaluation by a physician to determine the cause of your excessive daytime sleepiness and whether you have an underlying sleep disorder.**

It is important to remember that true excessive daytime sleepiness is almost always caused by an underlying medical condition that can be easily diagnosed and effectively treated.