



**Consultants in Neurology**  
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**THE EPWORTH SLEEPINESS SCALE**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

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.