

# BAY AREA ENT SPECIALISTS

**Patient Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## EPWORTH SLEEPINESS SCALE

How likely are you to fall asleep in the following situations in contrast to just feeling tired?  
Use the following scale to choose the most appropriate number for each situation:

**Scale:**

- 0 Would never doze
- 1 Slight chance of dozing
- 2 Moderate chance of dozing
- 3 High chance of dozing

**Situation:**

**Chance of dozing**

Sitting and Reading	0	1	2	3
Watching Television	0	1	2	3
Sitting inactive in public place (theater)	0	1	2	3
Car Passenger for 1 hour without a break	0	1	2	3
Lying down to rest in the afternoon	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after lunch, without alcohol	0	1	2	3
In a car while stopped in traffic for a few moments	0	1	2	3

**Total** \_\_\_\_\_

**Score:**

- 0-10 Normal
- 10-15 Sleepy
- 15-20 Very Sleepy
- >20 Severe Sleepiness