

EPWORTH SLEEPINESS SCALE

The Epworth Sleepiness Scale helps determine your level of daytime sleepiness. A score of 10 or higher is considered sleepy and indicates that you need to improve your sleep hygiene and/or need to see a sleep specialist. These issues should be discussed with your personal physician.

EPWORTH SLEEPINESS SCALE	Never Would Doze Off	Slight Chance of Dozing	Moderate Chance of Dozing	High Chance of Dozing
SCORE	0	1	2	3
1. Do you get sleepy, or doze off, while sitting & reading?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you get sleepy, or doze off, while watching TV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. While sitting or inactive in a public place (e.g., meeting, theater)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. As a passenger in a car for an hour without a break?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Lying down to rest in the afternoon?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Sitting & talking with someone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Sitting quietly after lunch without alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. In a car, while driving, but stopped for a few minutes at a traffic light?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTALS				
To calculate your Total Score, add all of the numbers checked above. Scores ≥ 10 suggest the patient is at high risk for Obstructive Sleep Apnea.				