

NORTHEAST ORAL SURGERY AND DENTAL IMPLANT CENTER

THE EPWORTH SLEEPINESS SCALE

Patient Name: _____ Circle gender: Male Female

Today's Date: _____ Your Age in Years: _____ DOB: _____

How likely are you to doze off or to fall asleep in the following "daily life" situations, in contrast to simply feeling tired? Your answers should reflect your usual "responses" in recent times. Even if you have not done some of these things recently, try to answer how they *would have* affected you. Use the following scale to choose the most appropriate numbered answer for each situation:

- 0 = I would *never* doze off.
- 1 = I would have a *slight* chance of dozing off.
- 2 = I would have a *moderate* chance of dozing off.
- 3 = I would have a *high* chance of dozing off.

Daily Life Situation:

Chance of Dozing Off:

Sitting and reading	_____
Watching TV	_____
Sitting inactive in a public place (e.g. in a theater or meeting)	_____
Sitting as a passenger in a car for an hour without a break	_____
Lying down to rest in the afternoon, when circumstances permit	_____
Sitting and talking to someone	_____
Sitting quietly after a lunch, without alcohol	_____
Sitting in a car, while stopped for a few minutes in traffic	_____

Total Points: _____

"The numbers for the eight situations are added together to give a global score between 0 and 24. This table shows scores for various conditions." (From Johns MW: A method for measuring daytime sleepiness: The Epworth Sleepiness Scale. Sleep 14:540-545. 199.)