

ATLANTIC SLEEP HEALTH DIAGNOSTIC ASSOCIATES, LLC

An Affiliate of Atlantic Pulmonary and Critical Care Associates, P.A.

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Epworth Sleepiness Scale

Name: _____ DOB: _____ Date: _____

In contrast to just feeling tired, how likely are you to doze off or fall asleep in the following situations? (This refers to your usual life in recent times.) Use the following scale to choose the most appropriate number for each situation.

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

Sitting and reading	0	1	2	3
Watching television	0	1	2	3
Sitting inactive in a public place	0	1	2	3
A passenger in a car for an hour without a break	0	1	2	3
Lying down in the afternoon when circumstances permit	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after lunch without alcohol	0	1	2	3
Driver in a car while stopped in traffic for a few minutes	0	1	2	3