

DATE:

Name:

Date of Birth:

Hospital Number:

Excessive Sleepiness/Tiredness

EPWORTH SLEEPINESS QUESTIONNAIRE

- Please rate how likely you are to sleep in the following situations, **BASED ON YOUR EXPERIENCE IN THE LAST MONTH.**
- We are **not asking you to rate how TIRED** you would be in these situations **but how likely you are to DOZE OFF.**
- If you have not been in the following situations recently, think about how you would have been affected.
- Circle the most appropriate number for each situation.

		Would Never Doze	Slight Chance of Dozing	Moderate Chance of Dozing	High Chance of Dozing
1	Sitting and reading	0	1	2	3
2	Watching TV	0	1	2	3
3	Sitting Inactive in a Public Place	0	1	2	3
4	As a passenger in a car for an hour	0	1	2	3
5	Lying down to rest in the afternoon	0	1	2	3
6	Sitting and talking to someone	0	1	2	3
7	Sitting quietly after lunch without alcohol	0	1	2	3
8	In a car while stopped in traffic for a few minutes	0	1	2	3
Total Score					