

EPWORTH SLEEPINESS SCALE

Patient Name: _____ Visit Date: _____

Chief Complaint:

Symptoms:

	Yes	No		Yes	No
Snoring			Observed Apneas		
Morning Headaches			Choking or Gaspings during sleep		
Daytime Sleepiness					

Fill in the answers – Situation Chance of Dozing or Sleeping

- 0 = would never doze or sleep.**
- 1 = slight chance of dozing or sleeping**
- 2 = moderate chance of dozing or sleeping**
- 3 = high chance of dozing or sleeping**

	0	1	2	3
Sitting and Reading				
Watching TV				
Sitting inactive in a public place				
Being a passenger in a vehicle for more than one hour				
Lying down in the afternoon				
Sitting and talking with someone				
Sitting quietly after lunch (no alcohol)				
Stopped for a few minutes in traffic while driving				
TOTAL SCORE Add all columns to obtain score				

*****NOTE***** A score of > 10 is an indicator of EDS (Excessive Daytime Sleepiness).
Consult with your physician about your EDS score.