Neurodiagnostic Sleep Lab - The Epworth Sleepiness Scale (Adult)

Patient Name: _____ Today's date: _____

How likely are you to doze off or fall asleep in the situations described below, in contrast to feeling just tired?

This refers to your usual way of life in recent times.

Even if you haven't done some of these things recently, try to work out how they would have affected you.

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

It is important that you answer each question as best you can.

Situation	Chance of dozing (0-3)
Sitting and reading	
Watching TV	
Sitting, inactive in a public place (e.g. a theatre or a meeting)	
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	
In a car, while stopped for a few minutes in the traffic	
Total	

Patient Signature	Print Name	Date		Time
	Phone			
	OR 🗌 Video			
Qualified Staff/Interpreter Signature	(Check) Print Qualified Staff/ In	erpreter Name	ID Number	Language Interpreted
The Epworth Sleepiness Scale-Adult Tab: Clinical Notes DH: Patient Care Notes 727-0003 (12/18) MPC 225333			Patient La	ibel