



Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### **Epworth Scale**

0= WOULD **NEVER** DOZE

1= **SLIGHT** CHANCE OF DOZING

2=**MODERATE** CHANCE OF DOZING

3=**HIGH** CHANCE OF DOZING

<b>Situation</b>	<b>Chance of Dozing (0-3)</b>
Sitting and Reading	_____
Watching Television	_____
Sitting inactive in a public place (e.g. a theater or meeting)	_____
As a passenger in a car for an hour without a break	_____
Lying down to rest in the afternoon when circumstances permit	_____
Sitting quietly after lunch without alcohol	_____
In a car, while stopped for a few minutes in traffic	_____
Total Score:	_____

#### **Score Results:**

1-6 Congrats, You are getting enough sleep!

7-8 Your score is average.

9+ Very sleep and should ask for sleep assistance!