

## THE EPWORTH SLEEPINESS SCALE

Patient's name \_\_\_\_\_ Date of Injury \_\_\_\_\_ Today's date \_\_\_\_\_

How likely are you to doze or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently try to work out how they have affected you. Use the following scale to choose the most appropriate number for each situation:

- 0 = no chance of dozing
- 1 = slight chance of dozing
- 2 = moderate chance of dozing
- 3 = high chance of dozing

Situation

Chance of Dozing

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 traffic

\_\_\_\_\_