



**Sleep Laboratory**

**PULMONARY MEDICINE ASSOCIATES**

1508 Alhambra Blvd, Suite 200

Sacramento, CA 95816

(916) 325-1040

**Medicare Mandated Form  
EPWORTH SLEEPINESS SCALE**

**NAME:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

How likely are you to doze off 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 would have affected you.

Use the following scale to choose the most appropriate number for each situation:

- 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

<u>Situation</u>	<u>Chance of Dozing or Sleeping</u>
<b>Sitting and reading</b>	_____
<b>Watching TV</b>	_____
<b>Sitting inactive in a public place</b>	_____
<b>Being a passenger in a motor vehicle for an hour or more</b>	_____
<b>Lying down in the afternoon</b>	_____
<b>Sitting and talking to someone</b>	_____
<b>Sitting quietly after lunch (no alcohol)</b>	_____
<b>Stopped for a few minutes in traffic while driving</b>	_____
<b>TOTAL SCORE (add the scores up) (This is your Epworth score)</b>	_____/24

0 – 9 Average score, normal population

Epworth Sleepiness Score reprinted with permission of the Associated Professional Sleep Societies (Johns MW; A New Method for Measuring Daytime Sleepiness: The Epworth Sleepiness Scale. SLEEP 1991; 14(6): 540-545).