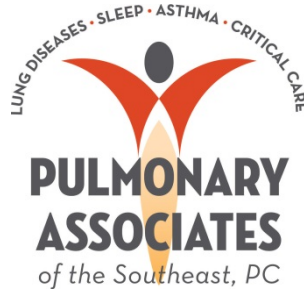


Main Office
3686 Grandview Parkway, Suite 500
Birmingham, AL 35243



Russell G. Beaty, M.D. • Sandra K. Gilley, M.D. • Allan R. Goldstein, M.D. • Erin Ozgun, M.D. • Alan Q. Thomas, M.D.

THE EPWORTH SLEEPINESS SCALE

Name _____

Today's Date _____

DOB _____ Your Age (Years) _____

Male = M; Female = F _____

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

1 = Slight chance of dozing

2 = Moderate change of dozing

3 = High chance of dozing

Sitting and reading _____

Watching TV _____

Sitting, inactive, in a public place (e.g. a theatre or meeting) _____

As a passenger in a car for an hour without a break _____

Lying down to rest in the afternoon _____

Sitting and talking to someone _____

Sitting quietly after a lunch without alcohol _____

In a car, while stopped for a few minutes in traffic _____