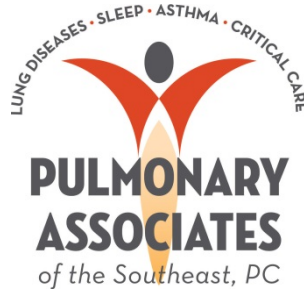


Main Office  
3686 Grandview Parkway, Suite 500  
Birmingham, AL 35243



St. Vincent's Blount  
150 Gilbreath Drive  
Oneonta, AL 35121

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 \_\_\_\_\_