|  |
| --- |
| Eastern Health Sleep Services |
| Ward 5.2, Box Hill Hospital, 8 Arnold St, Box Hill VIC 3128, Phone: 03 9975 6590 |

**EPWORTH SLEEPINESS SCALE**

How likely are you to doze off or fall asleep in the following situation, 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*** 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 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 lunch, without alcohol |  |
| In a car, while stopped for a few minutes in traffic |  |
|  |  |
| **Total** |  |