



# Beaumont PERIODONTICS

## EPWORTH SLEEPINESS SCALE

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Age: \_\_\_\_\_ Your sex (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 haven't done some of these things recently try to think about 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** change of dozing    2 = **moderate** chance    3 = **high** chance of dozing

<b>Situation</b>	<b>Chance of Dozing</b>
Sitting and reading .....	_____
Watching TV .....	_____
Sitting inactive in a public place (eg. 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 stopping for a few minutes in traffic .....	_____
0-10 normal / >10 EDS / >16 high EDS (Excessive daytime sleepiness) TOTAL	_____