

Epworth Sleepiness Scale

Name: _____ Date: _____

Age: _____ Sex: M F Pre-CPAP/ Post-CPAP

Instructions: Please indicate how likely you would be to doze off or fall asleep in the following situations, in contrast to just feeling 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 consider how they would have affected you.

0 - Never; 1 - Slight; 2 - Moderate; 3 - High

	Score
Sitting and Reading	
Watching Television	
Sitting Inactive in a Seminar, Theater, or Meeting	
As a Passenger in a Car for One Hour	
Lying Down to Rest in the Afternoon	
While Having a Relaxed Conversation	
Sitting Quietly After Lunch	
In a Car While Stopping at a Traffic Signal	
Total Points (Max/24)	

1 - 6	Congratulations, you are getting enough sleep!
7 - 8	Your score is average
9 and up	Seek the advice of a sleep specialist without delay