**Carolina Cardiology, Sleep & Obesity Center, PC**

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**Epworth Sleepiness Scale**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Today’s date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your age (Yrs): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 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

***It is important that you answer each question as best you can.***

***Chance of Dozing (0-3)***

|  |  |
| --- | --- |
| Sitting and reading |  |
| Watching TV |  |
| Sitting inactive in a public place (theater or a 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 lunch without alcohol |  |
| In a car, while stopped for a few minutes in traffic |  |

 Total Score = \_\_\_\_\_\_\_\_

Interpretation:

0-7: It is unlikely that you are abnormally sleepy

8-9: You have an average amount of daytime sleepiness

10-15: You may be excessively sleepy. You may want to seek medical attention

16-24: You are excessively sleepy and should seek medical attention