

**Shelley Berson, MD, FAASM, FAAOA**  
 Rockland Ear, Nose and Throat Associates, P.C.  
 2 Strawtown Road #6, West Nyack, NY 10994  
 845-727-1340 | 845-727-1349

## EPWORTH SLEEPINESS SCALE FORM

Instructions: Be as truthful as possible. Print the form. Read the situation in the first column; select your response from the second column; enter that number in the third column. Total all of the entries in the third column and enter the total in the last box.

<b>Situation</b>	<b>Responses</b>	<b>Score</b>
<b>Sitting and Reading</b>	0 = would never doze 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing	
<b>Watching Television</b>	0 = would never doze 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing	
<b>Sitting inactive in a public place, for example, a theater or a meeting</b>	0 = would never doze 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing	
<b>As a passenger in a car for an hour without a break</b>	0 = would never doze 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing	
<b>Lying down to rest in the afternoon</b>	0 = would never doze 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing	
<b>Sitting and talking to someone</b>	0 = would never doze 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing	
<b>Sitting quietly after lunch when you've had no alcohol</b>	0 = would never doze 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing	
<b>In a car while stopped in traffic</b>	0 = would never doze 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing	
	<b>TOTAL SCORE</b>	