



Regional Sleep Disorders Center
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EPWORTH SCALE QUESTIONNAIRE

Choose the number that is most appropriate for each of the following situations:

0 = Would never doze

1 = Slight chance of dozing

2 = Moderate chance of dozing

3 = High chance of dozing

Sitting and reading 0 1 2 3

Watching TV 0 1 2 3

Sitting inactive in public 0 1 2 3

Car passenger for an hour 0 1 2 3

Lying down in the afternoon 0 1 2 3

Sitting and talking with someone 0 1 2 3

Sitting quietly after lunch (no alcohol) 0 1 2 3

Stopped for a few minutes in traffic 0 1 2 3

TOTAL: _____

If your score is 10 or higher, be sure to share this information with your primary care physician. A sleep study may be needed to determine if you have an underlying sleep disorder.