



# MINSTER DENTAL CARE

## 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.*

Situation	Chance of Dozing (0-3)
Sitting and reading _____	<input type="text"/>
Watching TV _____	<input type="text"/>
Sitting, inactive in a public place (e.g. a theatre or a meeting) _____	<input type="text"/>
As a passenger in a car for an hour without a break _____	<input type="text"/>
Lying down to rest in the afternoon when circumstances permit _____	<input type="text"/>
Sitting and talking to someone _____	<input type="text"/>
Sitting quietly after a lunch without alcohol _____	<input type="text"/>
In a car, while stopped for a few minutes in the traffic _____	<input type="text"/>

**Thank You For Your Cooperation**