



Dr. Richard Goodfellow, BSc, DDS

Fellow American Academy of Craniofacial Pain

Diplomate American Board of Crainiofacial Pain

THE EPWORTH SLEEP SCALE

Name: _____ Date: _____

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 at present and in the resent past. Even if you have not done some of these things recently, try to work out how they would affect 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**

SITUATION

CHANCE OF DOZING

Sitting and reading	_____
Watching TV	_____
Sitting, inactive in a public place	_____
As a passenger in a car for an hour	_____
Lying down to rest in the afternoon	_____
Sitting and talking to someone	_____
Sitting quietly after lunch with out alcohol	_____
In a car, while stopped for a few minutes in traffic	_____

TOTAL SCORE
