



# Clarence Medical Centre

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## Epworth Sleepiness Scale

Your name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Today's date: \_\_\_\_\_

How likely are you to doze off or fall asleep in the situations described below, in contrast to feeling 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

Sitting and reading

Watching TV

Sitting, inactive in a public place (e.g. a theatre or a meeting)

As a passenger in a car for an hour without a break

Lying down to rest in the afternoon when circumstances permit

Sitting and talking to someone

Sitting quietly after a lunch without alcohol

In a car, while stopped for a few minutes in the traffic

**Total**

Score:

0-10 Normal

11-12 Borderline

13-24 Abnormal