



Paul S. Allen, D.M.D., J.D.  
Diplomate, American Board of Oral & Maxillofacial Surgery  
Diplomate, National Dental Board of Anesthesiology

Larry Pepper, D.M.D.  
Diplomate, National Dental Board of Anesthesiology

NAME: \_\_\_\_\_

**THE EPWORTH SLEEPINESS SCALE**

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 have not 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

<u>Situation</u>	<u>Chance of Dozing</u>
Sitting and reading	_____
Watching TV	_____
Sitting, inactive in a public place (e.g. a theater 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	_____
In a car, while stopped for a few minutes in the traffic	_____
	TOTAL _____

If your total is 1 to 6 you do not suffer from daytime sleepiness, 7-8 you are borderline for daytime sleepiness, 9 or more you have excessive daytime sleepiness with a high possibility of suffering with sleep-disordered breathing.