



HEAD OFFICE
 10A/3352 Pacific Highway
 SPRINGWOOD QLD 4127

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 Respiratory & Sleep Medicine Physician

THE EPWORTH SLEEPINESS SCALE

To be eligible for a Bulk Billed Sleep Study please complete this scale (Score 8 or above).

DATE: _____

PATIENT FULL NAME: _____

DOB: _____

How likely are you to doze or fall asleep in the following situations, in contrast to feeling just tired?

If you have not done some of these things recently, try to work out how they would have affected you.

0= No chance of dozing

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 without a break	
Lying down to rest in the afternoon	
Sitting and talking to someone	
Sitting quietly after lunch without alcohol	
In the car, stopped at traffic lights for a few minutes	

TOTAL
