

# Interpretation of Epworth Sleepiness Scale

**0-9** Considered normal for majority of patients.  
This does not rule out a possible sleep disorder. If symptoms are consistent with OSA, referral to a Sleep Specialist should still be considered.

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**10 Plus** Considered indicative of pathological sleepiness.  
Referral to Sleep Specialist suggested.

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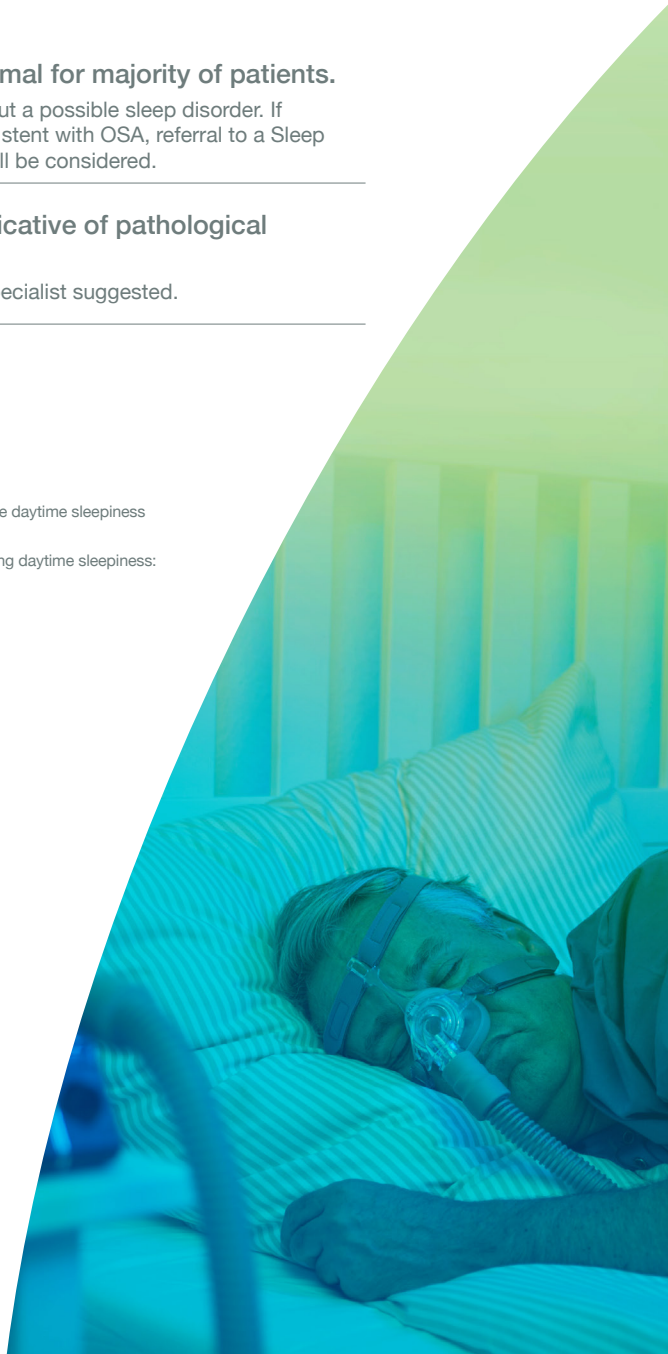
**24** Test Maximum.

## References

1. Krieger, J. (2000). "Clinical approach to excessive daytime sleepiness [In progress Citation]."
2. Johns, M.W. (1991). "A new method for measuring daytime sleepiness: the Epworth sleepiness scale." *Sleep* 14 (6): 540-5

To order another referral pad please do not hesitate to get in touch

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# Epworth Sleepiness Scale

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

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

Date Epworth Sleepiness Scale Completed: \_\_\_\_\_

Situation	Chance of dozing			
Sitting and reading	0	1	2	3
Watching TV	0	1	2	3
Sitting inactive in a public place (e.g.: a theatre or meeting)	0	1	2	3
As a passenger in a car for an hour without a break	0	1	2	3
Lying down to rest in the afternoon when circumstances permit	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after lunch without alcohol	0	1	2	3
In a car, while stopped for a few minutes in traffic	0	1	2	3

(Redrawn from Johns, MW, Sleep 1991 14-40)

**Epworth Sleepiness Scale Score:** \_\_\_\_\_