

Are you getting the quality of sleep you need?

INSTRUCTIONS: Rate the chance that you would doze off or fall asleep during different routine daytime situations. How likely are you to fall asleep in contrast to just feeling tired? 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*

* Epworth Sleepiness Scale

Situation

Sitting and reading	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Watching television	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Sitting in a public place (meetings, theater, etc.)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
As a passenger in a car for an hour or more (no break)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Lying down in the afternoon for a rest	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Sitting and talking to someone	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Sitting quietly after lunch without alcohol	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
In a car while stopped in traffic	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

TOTAL

What your score means

- 1-6:** Great! You are getting enough sleep
- 7-8:** Average, but room for improvement
- 9-24:** Seek advice from sleep medical expert

***** Have your score reviewed by our experienced sleep medicine team. Simply fill out your contact information and click "Submit for Review."

Name: _____

Phone Number: _____

Email address: _____

[Submit for Review](#)