

ALERTNESS SCALE (EPWORTH SCALE)

Please think about how likely it is you would fall asleep while doing the following things – not just feeling bored or sleepy, but actually dozing off for a few moments.

Answer each item by selecting the number corresponding to how you probably would feel on any day **this past week**.

If there is something out of the ordinary happening right now in your life, please list the problem below and how long it has been affecting you.
(Examples: family member ill, planning a wedding, change of employment, selling your home.)

0 = NOT LIKELY 1 = I MIGHT 2 = PROBABLY 3 = I DEFINITELY WILL

EVENT	CHANCE OF DOZING OFF			
	0 <i>Not likely</i>	1 <i>I might</i>	2 <i>Probably</i>	3 <i>I definitely will</i>
Sitting in a car stopped for traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watching TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting quietly in a meeting or movie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting and talking with someone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting quietly after lunch (no alcohol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lying down to rest in the afternoon when I get a chance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting and reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a passenger in a car for an hour without stopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>