



## Epworth Sleepiness Scale (ESS)

Patient: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

How likely are you to *doze off or fall asleep* during different routine daytime situations, in contrast to just feeling tired?

The Epworth Sleepiness Scale questionnaire will help measure your general level of daytime sleepiness. It is important that you circle a number (0 to 3) for EACH situation. Even if you haven't done some of the activities recently, think about how they would have affected you.

Please use the following scale to rate the chance that you would *doze off or fall asleep* (NOT just feel tired) for each situation:

- 0 = would never doze
- 1 = slight chance of dozing
- 2 = moderate chance of dozing
- 3 = high chance of dozing

### Situation

### Chance of Dozing

Sitting and Reading	0	1	2	3
Watching Television	0	1	2	3
Sitting inactive in a public place (theater/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	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after lunch (with no alcohol)	0	1	2	3
In a car, while stopped in traffic	0	1	2	3

TOTAL SCORE: \_\_\_\_\_