

EPWORTH SLEEPINESS SCALE (ESS)

Patient Name: _____

Please read the list of situations and answer how likely you would be to doze off or fall asleep, in contrast to just feeling tired. Even if you haven't done some of these activities recently, think about how they would have affected you.

Use this scale to choose the most appropriate number for each situation and then circle:

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

Situation	Chance of dozing (0-3)			
Sitting and reading	0	1	2	3
Watching TV	0	1	2	3
Sitting inactive in a public place – ie: a theater 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	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after lunch (when you've had no alcohol)	0	1	2	3
In a car, while stopped in traffic	0	1	2	3
Total score				

A total score of less than 10 suggests that you may not be suffering from excessive daytime sleepiness. A total score of 10 or more suggests that you may need to consult a sleep physician to determine the cause of your excessive daytime sleepiness or whether you have an underlying sleep disorder.