

Epworth Sleepiness Scale

DO YOU HAVE EXCESSIVE DAYTIME SLEEPINESS?

The following questionnaire will help you measure your general level of daytime sleepiness. You should rate the chance of dozing off or falling asleep during different routine situations. Answers to the questions are rated on a reliable scale called the Epworth Sleepiness Scale (ESS).

Name: _____ Age: _____ Date: _____

Gender: (check) M ___ or F ___

How many caffeinated beverages do you consume in a day? (cola, energy drinks, coffee, tea.) _____

Do You Snore? (circle one) Yes No

Are you claustrophobic? (circle one) Yes No

Even if you haven't done some of these activities recently, think about how they would affect you.

Each item is rated from 0 – 3. Check off one answer for each question.

0= would never doze

2= moderate chance of dozing

1= slight chance of dozing

3= high chance of dozing

Situation	Chance of Dozing			
	0	1	2	3
Sitting and reading	<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 inactive in a public place (theater or meeting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a passenger in a car for an hour without a break	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lying down to rest in the afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting and talking to someone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting quietly after lunch (when you've had no alcohol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In a car, while stopped in traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total Score:				

Scoring your results:

A total score of 0-9 Suggests you may not be suffering from excessive sleepiness

A total score of 10+ Suggests you may need further evaluation by a physician to determine the cause of your excessive daytime sleepiness and whether you have an underlying sleep disorder.

Signature: _____