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THE EPWORTH SLEEPINESS SCALE (ESS)

Name: _____ Today's Date: _____

Your Age: _____ Your Sex (Male = M / Female = F): _____

When you have completed the questionnaire add together all of the answers to get a score.

- ◆ There is a total score range of 0-24
- ◆ A total score of less than 10 suggests the person is not suffering from excessive sleepiness.
- ◆ A total score of 10 or more suggests further evaluation is needed to determine the cause of excessive sleepiness or determine if an underlying sleep disorder may be present.

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently try to work out how they would have affected you. 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

Situation	Chance of Dozing
Sitting and reading	
Watching TV	
Sitting, inactive in a public place (e.g. a theater or a meeting)	
As a passenger in a car for an hour without a break	
Lying down to rest in the afternoon when circumstances permit	
Sitting and talking with someone	
Sitting quietly after lunch without alcohol	
In a car, while stopped for a few minutes in traffic	