EPWORTH SLEEPINESS SCALE

Name:_____ **Today's date:**_____

Your age (Yrs):_____**Your sex (Male=M, Female = F)**:_____

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 haven't 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

It is important that you answer each question as best as you can.

Situations	**Chance of dozing (0-3)**
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 to someone:	
Sitting quietly after lunch without alcohol:	
In a car, while stopped for a few minutes in traffic:	

In general, ESS scores can be interpreted as follows:
0-5 Lower Normal Daytime Sleepiness
6-10 Higher Normal Daytime Sleepiness
11-12 Mild Excessive Daytime Sleepiness
13-15 Moderate Excessive Daytime Sleepiness
16-24 Severe Excessive Daytime Sleepiness

Source: Johns, Murray W. 1991. "A New Method for Measuring Daytime Sleepiness: The Epworth Sleepiness Scale." Sleep *14 (6): 540–545. doi.org*