

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**

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 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 TV	0	1	2	3
Sitting inactive in a public place (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:				_____

SCORING YOUR RESULTS:

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

SGSESS-310



FAX COMPLETED FORM TO 215-933-5261

