

The Epworth Sleepiness Scale (ESS)

Patient Name: _____ Date of Evaluation: _____

Name of Evaluator: _____ Title of Evaluator: _____

Instructions:

Using the scale below consider the following situations and rate your chance of dozing off (0-4) in the column to the right. Add the values together and note the total at the bottom. This is your ESS Score.

Scale		
0	=	No chance of dozing
1	=	Slight chance of dozing
2	=	Moderate chance of dozing
3	=	High chance of dozing

Situation:	Chance of Dozing:
A. Sitting and Reading	
B. Watching TV	
C. Sitting inactive in a public place (e.g. theater, meeting, etc.)	
D. As a passenger in a car, for an hour without a break	
E. Lying down to rest in the afternoon, when circumstances permit	
F. Sitting and talking to someone	
G. Sitting quietly after lunch without alcohol	
H. In a car, while stopped for a few minutes in traffic	
Total Score:	