

# The Epworth Sleepiness Scale (ESS)

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Evaluator: \_\_\_\_\_ Date of Evaluation: \_\_\_\_\_

## Instructions:

Using the scale below consider the following situations and rate your chance of dozing off (0-3) 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)	
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	
<b>Total Score:</b>	

**Total scores of 10 or greater may indicate the need for a sleep study**