

Epworth Sleepiness Scale (ESS)

Name: _____

Date: _____

Age: _____ Gender: Male Female

Height: _____ Weight: _____

Please indicate the likelihood that you would fall asleep in the following situations. This refers to your usual way of life in recent times. Use the following scale to circle 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	0	1	2	3
Sitting and reading	0	1	2	3
Watching TV	0	1	2	3
Sitting, inactive in a public place (e.g., a theatre or a 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 when circumstances permit	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after lunch without alcohol	0	1	2	3
In a car, while stopped for a few minutes in traffic	0	1	2	3

Total Score: _____

THANK YOU FOR YOUR COOPERATION

Adapted from Johns MW: A new method for measuring daytime sleepiness: the Epworth Sleepiness Scale, *Sleep* 14:540-545, 1991.