



This questionnaire was developed to determine the level of daytime sleepiness in individuals. It has become one of the most frequently used methods for determining a person's average level of daytime sleepiness.

Epworth Sleepiness Scale

Name: _____ DOB: _____ Date: _____

How likely are you to doze off or fall asleep in the following situations, in contrast to just feel tired?

This refers to your usual way of life recently.

Even if you haven't done some of these things recently, try to figure out how they would have affected you.

Use the following scale to choose the **most appropriate number** for each situation:

- 0** no chance of dozing **1** slight chance of dozing **2** moderate chance of dozing **3** high chance of dozing

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

Situation	Chance of Dozing (0-3)			
Sitting and reading	0	1	2	3
Watching TV	0	1	2	3
Sitting, inactive in a public place (e.g., a theater 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 while circumstances permit	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after a lunch without alcohol	0	1	2	3
In a car or bus, while stopped for a few minutes in traffic	0	1	2	3
Total Score:				<input type="text"/>

Your score will range from 0 to 24. A score above 10 indicates excessive daytime sleepiness.

A score above 16 is associated with a high level of excessive daytime sleepiness.

This questionnaire is not intended to take the place of talking with a doctor. Regardless of the questionnaire results, if you have concerns about your symptoms, you are encouraged to discuss them with your doctor.

For any information on the use of the ESS, please contact Mapi Research Trust, Lyon, France. Internet: <https://eprovide.mapi-trust.org>.

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