

EPWORTH SLEEPINESS SCALE (ESS)

Doctor Information	
Doctor's Name Doctor's Phone Number Doctor's Address Doctor's Signature	Doctor's GMC Number Or Surgery Stamp Date
Patient Information	
Patient's Name Patient's DOB Patient's Phone No	Patient's Address

The following questionnaire will help you measure your general level of daytime sleepiness. You are to rate the chance that you would **doze off or fall asleep** during different routine daytime situations. Answers to the questions are rated on a reliable scale called the Epworth Sleepiness Scale (ESS). Each item is rated from 0 to 3: with 0 meaning you would **never doze or fall asleep** in a given situation; and 3

meaning that there is a very high chance that you would **doze or fall asleep** in that situation. How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired? Even if you haven't done some of the activities recently, think about how they would have affected you.

Use this scale to choose the most appropriate number for each situation:
It is important that you circle a number (0 to 3) for EACH situation.

SITUATION	CHANCE OF DOZING -	Would never doze	Slight chance of dosing	Moderate chance of dosing	High chance of dosing
Sitting and Reading		0	1	2	3
Watching Television		0	1	2	3
Sitting inactive in a public place(theater/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 (with no alcohol)		0	1	2	3
In a car, while stopped in traffic		0	1	2	3

YOUR TOTAL SCORE _____

Scores above nine indicate the need for a sleep specialist