

Alfred  Sandringham  Caulfield

## EPWORTH SLEEPINESS SCALE

Last name*		First name/s*	
Date of birth*		Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other

\*mandatory fields

Thank you for completing this questionnaire.

(Save questionnaire to your computer to complete electronically)

Date questionnaire completed \_\_\_\_\_

## EPWORTH SLEEPINESS SCALE (ESS)

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:

- 0 = would never doze
- 1 = slight chance of dozing
- 2 = moderate chance of dozing
- 3 = high chance of dozing

It is important that you **enter a number** (0 to 3) for EACH situation.

SITUATION	CHANCE OF DOZING				
	0	1	2	3	
Sitting and Reading	0	1	2	3	
Watching Television	0	1	2	3	
Sitting inactive in a public place (theatre/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	
<b>TOTAL SCORE</b>					

Dr Johns owns the copyright to the ESS (Copyright © M.W.Johns 1990-1997)  
 Dr Johns permits use of the ESS by individual people (including clinicians and researchers) free of charge

