

# Epworth Sleepiness Scale (ESS) Questionnaire

Name: \_\_\_\_\_

Date: \_\_\_\_\_

The following questionnaire will help measure your general level of daytime sleepiness. **Please rate the chance that you would *doze off* or *fall asleep* during the following routine daytime 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

**2** = moderate chance of dozing

**1** = slight chance of dozing

**3** = high chance of dozing

<b>SITUATION</b>	<b>CHANCE OF DOZING</b>			
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

---

**TOTAL SCORE:** \_\_\_\_\_