



University Services

Epworth Sleepiness Scale

DO YOU HAVE EXCESSIVE DAYTIME SLEEPINESS?

Name: _____

Age: _____

Today's Date: _____

Gender: (circle) M or F

The following questionnaire will help you measure your general level of day time 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 0-3.

0 = would never doze

2 = moderate chance of dozing

1 = slight chance of dozing

3 = high chance of dozing

Even if you haven't done some of these activities recently, think about how they would affect you. Circle your answer for each question.

| 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 (theater or 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 (when you've had no alcohol) | 0 | 1 | 2 | 3 |
| In a car, while stopped in traffic | 0 | 1 | 2 | 3 |
| Total Score: | | | | <input type="text"/> |

SCORING YOUR RESULTS

A total score of 0-9 Suggest that you may not be suffering from excessive daytime sleepiness.

A total score of 10+ Suggest that you may need further evaluation by a physician to determine the cause of your excessive daytime sleepiness and whether you have an underlying sleep disorder.

If you have further questions about excessive daytime sleepiness, or any other sleep disorder, please feel free to call University Services.



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