

# Epworth Sleepiness Scale

Name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Your age (yrs): \_\_\_\_\_ Your gender (Male = M, Female = F): \_\_\_\_\_

How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling 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 \_\_\_\_\_

Watching TV \_\_\_\_\_

Sitting inactive in a public place (e.g., a theater or a meeting) \_\_\_\_\_

As a passenger in a car for an hour without a break \_\_\_\_\_

Lying down to rest in the afternoon when circumstances permit \_\_\_\_\_

Sitting and talking to someone \_\_\_\_\_

Sitting quietly after a lunch without alcohol \_\_\_\_\_

In a car or bus, while stopped for a few minutes in traffic \_\_\_\_\_

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_____
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_____
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_____

**THANK YOU FOR YOUR COOPERATION**

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Reference publication: Bastien CH, Vallières A, Morin CM. Validation of the insomnia severity index as an outcome measure for insomnia research. Sleep Med 2001;2(4):297-307.

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