

**Epworth Sleepiness Scale**

Please fill in this questionnaire as to how you feel most days in the following situations, as to the likelihood of you dozing off. Even if you haven’t done some of these things recently, try estimating how they may have affected you.

Use the following scale to work out your scores:-

* 0 = Would **NEVER** doze.
* 1 = **SLIGHT CHANCE** of dozing.
* 2 = **MODERATE CHANCE** of dozing.
* 3 = **HIGH CHANCE** of dozing.

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| --- | --- |
| Sitting and reading |  |
| Watching television |  |
| Sitting inactive in a public place, (eg in a meeting or theatre) |  |
| 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 lunch without alcohol |  |
| In a car, whilst stopped for a few minutes in traffic |  |
| TOTAL SCORE |  |

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The Questionnaire contact information and permission to use: Mapi Research Trust, Lyon, France Internet: <https://eprovide.mapi-trust.org>