



MR TIM PRICE

EAR NOSE AND THROAT SURGEON

BSc, MBChB, MRCS, DLO; FRCS (ORL-HNS) and FRACS

THE EPWORTH SLEEPINESS SCALE

Patient's Name: _____ **Date:** _____

Age (years): _____ **Sex:** _____

How likely are you to doze off or fall asleep in the situations described in the box below, in contrast to feeling just tired?

This refers to your usual way of life in recent times. Even if you haven't done some of these things recently, try to work out how they would have affected you.

Use the following 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

Situation	Chance of dozing
Sitting and reading	
Watching TV	
Sitting, inactive in a public place (e.g. a theatre or a meeting)	
As a passenger in a car for 1 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, while stopped for a few minutes in the traffic	

In general, Epworth Sleepiness scales (ESS) scores can be interpreted as follows:

0-5 Lower Normal Daytime Sleepiness

6-10 Higher Normal Daytime Sleepiness

11-12 Mild Excessive Daytime Sleepiness

13-15 Moderate Excessive Daytime Sleepiness

16-24 Severe Excessive Daytime

Weight: _____

Height: _____

Collar size: _____