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### EPWORTH SLEEPINESS SCALE (ESS)

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

How likely are you to doze off or fall asleep in the following 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
- 1 = slight chance of dozing
- 2 = moderate chance of dozing
- 3 = high chance of dozing

**It is important that you circle a number (0 to 3) for EACH situation.**

SITUATION	CHANCE OF DOZING			
<b>Sitting and reading</b>	0	1	2	3
<b>Watching television</b>	0	1	2	3
<b>Sitting inactive in a public place (theater/meeting)</b>	0	1	2	3
<b>As a passenger in a car for an hour without a break</b>	0	1	2	3
<b>Lying down to rest in the afternoon</b>	0	1	2	3
<b>Sitting and talking to someone</b>	0	1	2	3
<b>Sitting quietly after lunch (with no alcohol)</b>	0	1	2	3
<b>In a car, while stopped in traffic</b>	0	1	2	3
<b>TOTAL SCORE</b>				

Do you have any new concerns? \_\_\_\_\_