D       EPWORTH SLEEPINESS SCALE         D       D         NUMBER:       FORM CODE:             DATE: 04/01/2016         Version 1.0			
ADMINISTRATIVE INFORMATION			
0a. Completion Date: Month Day Year 0b. Staff ID:			
<b>Instructions:</b> Ask the participant to use the following scale to record 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 the participant answers each question as best they can.			
Script: "How likely are you to doze off or fall asleep in the following situations, 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."			
1. How likely are you to doze off or fall asleep while sitting and reading?			
Would never doze0 Slight chance of dozing1 Moderate chance of dozing2 High chance of dozing3			
2. How likely are you to doze off or fall asleep while watching TV?			
Would never doze0 Slight chance of dozing1 Moderate chance of dozing2 High chance of dozing3			
<ol> <li>How likely are you to doze off or fall asleep while sitting, inactive in a public place (e.g. a theatre or a meeting)</li> </ol>			
Would never doze0 Slight chance of dozing1 Moderate chance of dozing2 High chance of dozing3			
4. How likely are you to doze off or fall asleep as a passenger in a car for an hour without a break?			
Would never doze0 Slight chance of dozing1 Moderate chance of dozing2 High chance of dozing3			

5.	b. How likely are you to doze off or fall asleep while lying down to rest in the afternoon when circumstances permit?			
		Would never doze0 Slight chance of dozing1 Moderate chance of dozing2 High chance of dozing3		
6.		off or fall asleep while sitting and talking to	]	
		Would never doze0 Slight chance of dozing1 Moderate chance of dozing2 High chance of dozing3		
7.		off or fall asleep while sitting quietly after a lunch	]	
		Would never doze0 Slight chance of dozing1 Moderate chance of dozing2 High chance of dozing3		
8.		off or fall asleep while in a car, while stopped for	]	
		Would never doze0 Slight chance of dozing1 Moderate chance of dozing2 High chance of dozing3		

#### **INSTRUCTIONS FOR THE EPWORTH SLEEPINESS** SCALE (ESS)

#### I. General Instructions

The Epworth Sleepiness Scale is a questionnaire used to to determine daytime sleepiness. It is administered to participants.

Read: **"Now I will ask you questions about symptoms of sleepiness during the day."** Then read the script on the ESS form.

#### II. Detailed Instructions for Each Item

- 1-8. Choose the appropriate level only if the symptom(s) has been present in the last month. If a participant states that they are never in the situation described (don't watch TV, or don't sit in the car for a long period of time as a passenger), encourage them to consider the described scenario and guess how it would affect them if they were in that situation. For each item rate the SEVERITY of the symptom (how it affects the participant):
  - 0= Would never doze
  - 1 = Slight chance of dozing
  - 2 = Moderate chance of dozing
  - 3 = High chance of dozing

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#### Would never doze

## Slight chance of dozing

## Moderate chance of dozing

# High chance of dozing

Epworth Sleepiness Scale (ESS) QxQ

4/29/2016

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