



PEDIATRIC EPWORTH SLEEPINESS SCALE

Name: _____ **Date:** _____

How **LIKELY** is the child likely to **DOZE OFF** or **FALL ASLEEP** in the following situations, in contrast to feeling tired? This refers to the child’s usual way of life in recent times (within the last 6 months or last year). Even if the child has not done some of these things recently, try to work out how they would have affected the child. Use the following scale to choose the most appropriate number for each situation.

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- 0 = Would **NEVER** doze
 - 1 = **SLIGHT** chance of dozing
 - 2 = **MODERATE** chance of dozing
 - 3 = **HIGH** chance of dozing
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| <u>Situation</u> | <u>Chance of Dozing</u> |
|---|-------------------------|
| Sitting and reading..... | 0 1 2 3 |
| Watching TV..... | 0 1 2 3 |
| Sitting inactive in a public place (i.e. theater or meeting)..... | 0 1 2 3 |
| As a passenger in a car without a break..... | 0 1 2 3 |
| Lying down in the afternoon when circumstances permit..... | 0 1 2 3 |
| Sitting and talking to someone..... | 0 1 2 3 |
| Sitting quietly after lunch | 0 1 2 3 |
| Playing Video games..... | 0 1 2 3 |
| TOTAL | _____ |