




**Deaconess
Sleep Center**
 812-450-3852



PEDIATRIC EPWORTH SLEEPINESS SCALE

Today's Date: _____ Patient Age: _____

Patient Name: _____ Patient Sex (circle one): **M** **F**

How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired? This refers to your usual way of life in recent times. Even if you have not 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

<u>Situation</u>	<u>Chance of Dozing</u>
Sitting and reading	_____
Watching TV	_____
Sitting inactive in a public place (ex. movie theater or classroom)	_____
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	_____
Doing homework or taking a test	_____
TOTAL	_____

* The numbers for the eight situations are added together to give a global score between 0 and 24.

****DO NOT DRIVE WHILE DROWSY****