

**Southern Derbyshire  
 Clinical Commissioning Group**

Name \_\_\_\_\_ Date \_\_\_\_\_ HN \_\_\_\_\_  
 DOB \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ BMI \_\_\_\_\_

**EPWORTH SLEEPINESS SCALE (ESS) SCORE**

How likely are you to doze off or fall asleep during the following situations, in contrast to just feeling tired?

For each of the situations listed below, give yourself a score of 0-3 where:

- 0= would never doze
- 1= slight chance
- 2= moderate chance
- 3= high chance

Work out your total score by adding up your individual scores for situations 1-8 (if you have not been in the following situations recently, think about how you would have been affected?)

<u>SITUATION</u>	<u>SCORE</u>
1. Sitting and reading	_____
2. Watching television	_____
3. Sitting inactive in a public place e.g theatre, meeting	_____
4. As a passenger in a car for an hour without a break	_____
5. Lying down to rest in the afternoon	_____
6. Sitting and talking to someone	_____
7. Sitting quietly after lunch (no alcohol)	_____
8. In a car, while stopped in traffic	_____

**TOTAL**