Lexington Clinic
Sleep Center

LEXINGTON CLINIC SLEEP CENTER
1225 South Broadway | Lexington, KY 40504
Located behind the main Lexington Clinic Building
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EPWORTH SLEEPINESS SCALE (ESS) TEST

The following questionnaire will help your physician measure your general level of daytime sleepiness.

Today's Date _____

Name _____ Date of Birth _____
MONTH/DAY/4-DIGIT YEAR

Please indicate how likely you are to doze off in each of the situations below. This refers to your usual and recent tendencies. Even if you haven't done some these things recently, try to think about 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

SITUATION	**CHANCE OF DOZING (CIRCLE)**			
Sitting and reading	0	1	2	3
Watching TV	0	1	2	3
Sitting inactive in a public place (a theater or meeting)	0	1	2	3
As a passenger in a car for an hour without a break	0	1	2	3
Lying down to rest in the afternoon when circumstances permit	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after lunch without alcohol	0	1	2	3
In a car while stopped for a few minutes in traffic	0	1	2	3

TOTAL: _____

Please return completed form to your physician.