

Epworth Sleepiness Scale (ESS)

Name: _____ Date: _____

Age: _____ Male Female

In the following situations, please choose how likely you are to doze or fall asleep by ticking the relevant box.

| Situation | Never (0) | Slight chance (1) | Moderate chance (2) | High chance (3) |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Sitting and reading | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Watching TV | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sitting quietly in a public place (eg. a Cinema or a meeting) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| As a passenger in a car for an hour without a break | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lying down to rest in the afternoon (when circumstances permit) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sitting and talking to someone | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sitting quietly after a lunch without alcohol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In a car, while stopped for a few minutes in the traffic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Total Score: _____ / 24

Medicare Australia's threshold if sleep study without prior Sleep Physician CONSULTATION: 8 or more

Please transcribe score onto SJOG Sleep Centre Referral Form or include in your Referral Letter.