



# EPWORTH SLEEPINESS SCALE FOR CHILDREN AND ADOLESCENTS

Name \_\_\_\_\_ DOB \_\_\_\_\_

Date \_\_\_\_\_ Gender \_\_\_\_\_

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

Even if you have not done some of these things in the last month, try to imagine 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

**\*\*\*It is important that you answer each question as best as you can.\*\*\***

**Situation**

**Chance of dozing (out of 3)**

Sitting and reading	<input type="text"/>
Sitting and watching TV or a video	<input type="text"/>
Sitting in a classroom at school during the morning	<input type="text"/>
Sitting and riding in a car or bus for about half an hour	<input type="text"/>
Lying down to rest or nap in the afternoon	<input type="text"/>
Sitting and talking to someone	<input type="text"/>
Sitting quietly by yourself after lunch	<input type="text"/>
Sitting and eating a meal	<input type="text"/>
<b>Total out of 24</b>	<input type="text"/>

**Score Interpretation:** (1-10) Normal Range (10–16) Excessively sleepy (16-24) Abnormally sleepy