



ESS Epworth Sleepiness Scale (Subject)

Study ID

Time Point

Staff ID

Site ID

Name Code

Date Completed / /

Directions: Please use dark marks. Fill bubbles completely. Example: ●Yes ○No

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just 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 consider how they would have affected you. Choose the *most appropriate answer* for each situation.

| | Would Never Doze | Slight Chance of Dozing | Moderate Chance of Dozing | High Chance of Dozing |
|--|-----------------------------|------------------------------|--------------------------------|----------------------------|
| 1. Sitting and reading | <input type="radio"/> Never | <input type="radio"/> Slight | <input type="radio"/> Moderate | <input type="radio"/> High |
| 2. Watching TV | <input type="radio"/> Never | <input type="radio"/> Slight | <input type="radio"/> Moderate | <input type="radio"/> High |
| 3. Sitting, inactive, in a public place (e.g., a theater or a meeting) | <input type="radio"/> Never | <input type="radio"/> Slight | <input type="radio"/> Moderate | <input type="radio"/> High |
| 4. As a passenger in a car for an hour without a break | <input type="radio"/> Never | <input type="radio"/> Slight | <input type="radio"/> Moderate | <input type="radio"/> High |
| 5. Lying down to rest in the afternoon when circumstances permit | <input type="radio"/> Never | <input type="radio"/> Slight | <input type="radio"/> Moderate | <input type="radio"/> High |
| 6. Sitting and talking to someone | <input type="radio"/> Never | <input type="radio"/> Slight | <input type="radio"/> Moderate | <input type="radio"/> High |
| 7. Sitting quietly after a lunch without alcohol | <input type="radio"/> Never | <input type="radio"/> Slight | <input type="radio"/> Moderate | <input type="radio"/> High |
| 8. In a car, while stopped for a few minutes in traffic | <input type="radio"/> Never | <input type="radio"/> Slight | <input type="radio"/> Moderate | <input type="radio"/> High |

PI Initials:

PI Review Date: / /

Reviewer ID:

Review Date: / /

