

Epworth Sleepiness Scale - Children

Patient Name: _____ Date: _____

Date of Birth: ____ / ____ / ____ Age: ____ Gender: Male ☐ Female ☐

Parent Name: _____

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

This refers to your (or your child's) usual way of life in recent times.

Even if you (or your child) haven't done some of these things recently, try to work out 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

| | |
|---|----------------------|
| 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 a 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"/> |
| Total | <input type="text"/> |

Score Analysis

0-7 – It is unlikely that you are abnormally sleepy

8-9 – You have an average amount of daytime sleepiness

10-15 – You may be excessively sleepy depending on the situation. You may want to consider seeking medical attention.

16-24 – You are excessively sleepy and should consider seeking medical attention