



PEDIATRIC EPWORTH SLEEPINESS SCALE

Child's Name: _____ Date: _____

Child's Age (yrs): _____ Child's Sex (M = Male, F = Female): _____

How likely is the child to doze off or fall asleep in the following situations in contrast to feeling just tired? This refers to his/her usual way of life in recent times.

Even if he/she hasn't done some of these things recently, try to work out how each situation would have affected him/her.

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

<u>Situation</u>	<u>Chance of Dozing</u>
Sitting and Reading	_____
Watching Television	_____
Sitting inactive in a public place (e.g. Movie theatre or a classroom)	_____
As a passenger in a car for an hour without a break	_____
Lying down to rest in the afternoon when circumstances permit	_____
Sitting quietly after lunch	_____
Sitting and talking to someone	_____
Doing homework or taking a test	_____
TOTAL	_____