



EPWORTH SLEEPINESS SCALE

Name: _____ DOB: _____ Date: _____

Please rate how likely you are to doze or fall asleep in the following situations by selecting the response that best applies. If you have not done some of these activities recently, select what would most likely happen if you were in that situation.

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

0 Would *never* doze

1 *Slight* chance of dozing

2 *Moderate* chance of dozing

3 *High* chance of dozing

	Chance of Dozing			
Sitting and reading	0	1	2	3
Watching television	0	1	2	3
Sitting inactive in a public place (eg, a theater or a meeting)	0	1	2	3
As a passenger in a car for an hour without a break	0	1	2	3
Lying down to rest in the afternoon when circumstances permit	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after a lunch without alcohol	0	1	2	3
In a car, while stopped for a few minutes in traffic	0	1	2	3
Total score:				<input type="text"/>

For any information on the use of the ESS, please contact Mapi Research Trust, Lyon, France.
Internet: <https://eprovide.mapi-trust.org>

ESS © MW Johns 1990-1997. Used under License.

Reference: 1. About the ESS. Accessed April 3, 2023. <https://epworthsleepinessscale.com/about-the-ess/>

AXSOME is a registered trademark of Axsome Therapeutics, Inc. Other trademarks are property of their respective owners.

© 2023 Axsome Therapeutics, Inc. All rights reserved. PP-SLE-US-2200011 09/2023