

Epworth Sleepiness Scale for Children and Adolescents

ESS(CHAD)

Your name: _____ Today's date: _____

How old are you? _____ (years) Boy? (____) or Girl? (____) tick one space

Over the last month, how likely have you been to fall asleep while doing the things that are described below (activities)?

Even if you haven't done some of these things in the last month, try to imagine how they would have affected you.

Use the following scale to choose one number that best describes what has been happening to you during each activity over the last month. Write that number in the box below.

0 = would never fall asleep

1 = slight chance of falling asleep

2 = moderate chance of falling asleep

3 = high chance of falling asleep

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

Activities	Chance of falling asleep (0 – 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"/>

Thank you