

Epworth Sleepiness Scale for Children and Adolescents

ESS – CHAD

Your name: _____ Today's date: _____

How old are you? _____ (years) Boy? (___) or Girl? (___) check one space

Over the past 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 past 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 past 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 _____

Sitting and watching TV or a video _____

Sitting in a classroom at school during the morning _____

Sitting and riding in a car or bus for about half an hour _____

Lying down to rest or nap in the afternoon _____

Sitting and talking to someone _____

Sitting quietly by yourself after lunch _____

Sitting and eating a meal _____

Thank you

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