Epworth Sleepiness Scale for Children and Adolescents

ESS – CHAD

(parent/carer to answer)

Your child’s name:_______________________________   Today’s date:______________

How old is your child? ______ (years)             Boy? ( ___ ) or Girl? ( ___ ) check one space

Over the past month, how likely has your child been to fall asleep while doing the things that are described below (activities)?

Even if your child hasn’t done some of these things in the past month, try to imagine how they would have affected him/her.

Use the following scale to choose one number that best describes what has been happening to your child 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

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 himself/herself after lunch ___________
Sitting and eating a meal ___________________________

Thank you

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