



Child Epworth Sleepiness Scale

Patient Information

Patient First Name	Patient Last Name	Sex	Date of Birth	Email	Phone Number
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How likely are you to doze off or fall asleep in the situations described below, in contrast to just feeling tired? Even if you have not done some of these things in the last month, try to imagine how they would have affected you. IT IS IMPORTANT THAT YOU ANSWER EACH QUESTION AS BEST AS YOU CAN.

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

Sitting & Reading	Sitting & watching TV or a video	Sitting in a classroom at a school during the morning	Sitting & riding in a car or bus for about half an hour	Lying down to rest or nap in the afternoon	Sitting & talking to someone
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Sitting quietly by yourself after lunch	Sitting & eating a meal	Signature of Parent/Guardian/Patient			
<div></div>	<div></div>	Sign			