Use the scale below to help track your level of daytime sleepiness over time

Complete this scale when you first begin treatment and then periodically during your first few months on treatment to track any changes in your score over time. This scale is not intended to take the place of speaking with your healthcare provider about your daytime sleepiness. Share your results with your healthcare provider to help them understand how you are doing on treatment.

Date: _____

Epworth Sleepiness Scale (ESS)

The ESS measures how likely you are to doze off or fall asleep in the following situations, in contrast to feeling just tired. This refers to your usual way of life in recent times. Even if you haven't done some of these things recently, try to work out how they would have affected you.

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

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

Situation	Chance of Dozing *(circle one)*			
 Sitting and reading	0	1	2	3
 Watching TV	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:				

Discuss your total score with your healthcare provider.

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