

SLEEP MEDICINE

Modified Pediatric Sleepiness Scale

Please only fill out if your child is age 6-18

Patient Name: _____ Date of Birth: _____

Rate each description according to your child's normal way of life in recent times. Even if your child has not been in some of these situations recently, try to determine how sleepy he/she would have been. Use the following scale to choose the best number for each situation:

- 0 = Would never doze
- 1 = Slight chance of dozing
- 2 = Moderate chance of dozing
- 3 = High chance of dozing

How likely is your child to doze off or fall asleep in the following situation?

Situation	Chance of dozing			
	None	Slight	Moderate	High
Sitting and reading	0	1	2	3
Watching TV	0	1	2	3
Sitting inactive in a public place (classroom, movie theater, etc.)	0	1	2	3
As a passenger in a car for an hour or more	0	1	2	3
Lying down in the afternoon	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after lunch	0	1	2	3
Playing video games	0	1	2	3

This is the total Epworth score (add the scores up): _____

Reference: Johns, MW. A new method for measuring daytime sleepiness: the Epworth Sleepiness Scale. SLEEP. 1991;14:540-5.

Patient ID