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ESS QUESTIONNAIRE

Patient Name _____ Date of Birth _____ MRN _____ Today's Date _____

Please use the following scale for the most appropriate response:	0 Would never doze off	1 Slight chance of dozing off	2 Moderate chance of dozing off	3 High chance of dozing off
Sitting and Reading				
Watching TV				
Sitting, inactive in a public place (ie. waiting room, or theatre)				
As a passenger in a car for an hour without a break				
Lying down to rest in the afternoon, when circumstances permit				
Sitting and talking to someone				
Sitting quietly after lunch without alcohol				
In a car, while stopped in traffic for a few minutes				
ADD TOTAL				