EPWORTH SLEEPINESS SCALE FOR CHILDREN AND ADOLESCENTS (ESS-CHAD)

CME Outfitters

For Pediatric Patient

After you or your child completes this screener, share the responses with your healthcare provider. He or she will use the instructions on the reverse to calculate the score.

Your name: _____ How old are you?_____ (years) ☐ Boy ☐ Girl Today's Date:_____

Over the past month, how likely have you been to fall asleep while doing the things that are described below (activities)? Even if you haven't done some of these things in the past month, try to imagine how they would have affected you.[1]

Use the following scale to choose one number that best describes what has been happening to you during each activity over the past month. Write that number in the box below.[1]

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.

Activity	Chance of Falling Asleep (0-3)
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 a bus for about half an hour	
Lying down to rest or nap in the afternoon	
Sitting and talking to someone	
Sitting quietly by yourself after lunch	
Sitting and eating a meal	

SCORING AND INTERPRETATION

For Clinician

The ESS-CHAD is modified from the Epworth Sleepiness Scale (ESS) and has been validated to measure the level of daytime sleepiness in children and adolescents 12 to 18 years of age.[1,2]

Scoring	Interpretation	
Ensure each question is answered by the patient or caregiver. If the patient has not done any of the activities over the past month, ask the patient to imagine how the situation would affect him or her. **Add the scores for each of the questions to yield a total score ranging from 0-24.[1]** **TOTAL ESS SCORE:** ☐	**>10** **ESS >10 suggests excessive daytime sleepiness[1,3]**	**≥16** **ESS ≥16 suggests a high level of excessive daytime sleepiness[4]**
	These scores have been associated with significant sleep disorders, including narcolepsy.[1,4] A high ESS score is suggestive of excessive daytime sleepiness only and is not diagnostic for a specific sleep disorder. Patients with excessive daytime sleepiness should be evaluated for possible sleep disorders.[4,5]	

This screening tool is not intended to make a diagnosis or replace complete evaluation by a sleep specialist.

A narcolepsy diagnosis should be established by a sleep specialist with a clinical interview and nighttime polysomnography (PSG) followed by a Multiple Sleep Latency Test (MSLT) performed under standardized conditions.[6]

REFERENCES

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5. Miglis MG, Kushida CA. *Sleep Med Clin.* 2014;9:491-498.
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