



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

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.<sup>1</sup>

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.<sup>1</sup>

**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	<input type="text"/>
Sitting and watching TV or a video	<input type="text"/>
Sitting in a classroom at school during the morning	<input type="text"/>
Sitting and riding in a car or a bus for about half an hour	<input type="text"/>
Lying down to rest or nap in the afternoon	<input type="text"/>
Sitting and talking to someone	<input type="text"/>
Sitting quietly by yourself after lunch	<input type="text"/>
Sitting and eating a meal	<input type="text"/>

***This screening tool is not intended to make a diagnosis or take the place of an evaluation by a sleep specialist.***

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## SCORING AND INTERPRETATION

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.<sup>1,2</sup>

### Scoring

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.<sup>1</sup>**

**TOTAL ESS SCORE**



### Interpretation

**>10**

**ESS >10 suggests excessive daytime sleepiness<sup>1,3</sup>**

**≥16**

**ESS ≥16 suggests a high level of excessive daytime sleepiness<sup>4</sup>**

These scores have been associated with significant sleep disorders, including narcolepsy.<sup>1,4</sup> 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.<sup>4,5</sup>

*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.<sup>6</sup>*

#### References

1. Wang YG et al. *Nat Sci Sleep*. 2017;9:201-211.
2. Janssen KC et al. *Sleep Med*. 2017;33:30-35.
3. Johns M, Hocking B. *Sleep*. 1997;20(10):844-849.
4. Johns MW. *Sleep*. 1991;14(6):540-545.
5. Miglis MG, Kushida, CA. *Sleep Med Clin*. 2014;9:491-498.
6. *International Classification of Sleep Disorders*. 3rd ed. Darien, IL: American Academy of Sleep Medicine; 2014.