ICICLE-PD STUDY

Subject reference number:

Informant: Subject/ Bed-partner/ Carer/ other: _____   Date:

EPWORTH SLEEPINESS SCALE

The aim of this questionnaire is to get a measure of your sleepiness during the day. This helps distinguish between normal everyday tiredness and an abnormal level of sleepiness.

For each of the situations below please indicate how likely you are to doze off or fall asleep This refers to your usual way of life in recent times. If your sleepiness is variable (for example, if you work shifts) then try and give an average. If you have not done some of these things, try and imagine how they would have affected you.

Use the following score to indicate the most appropriate answer.

0 – Would never fall asleep in that situation

1 – There is a slight chance of falling asleep in that situation

2 – There is a medium chance of falling asleep in that situation

3 – There is a high chance of falling asleep in that situation

Situation		Chance of dozing off			
		0	1	2	3
1	Sitting and reading				
2	Watching TV				
3	Sitting inactive in a public place like a theatre or meeting				
4	As a passenger in a car for an hour without a break				
5	Lying down to rest in the afternoon when circumstances permit				
6	Sitting and talking to someone				
7	Sitting quietly after lunch without alcohol				
8	In a car, while stopped for a few minutes in traffic				

TOTAL SCORE: