

The Epworth Sleepiness Scale (ESS)

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WHY: Sleep at night is essential for good health. Sleepiness during the day can be an antecedent to falls, declining quality of life, and less functional recovery in older adults. Sleepiness during the day may also be an indicator that hypertension and diabetes are not well controlled (Cuellar & Ratcliffe, 2008; Goldstein, Ancoli-Israel, Shapiro, 2004). Assessment of daytime sleepiness enables the nurse to intervene by implementing interventions with the client, or by referring the client for further assessment.

BEST TOOL: The Epworth Sleepiness Scale (ESS) is an effective instrument used to measure average daytime sleepiness. The ESS differentiates between average sleepiness and excessive daytime sleepiness that requires intervention. The client self-rates on how likely it is that he/she would doze in eight different situations. Scoring of the answers is 0-3, with 0 being “would never doze” and 3 being “high chance of dozing”. A sum of 10 or more from the eight individual scores reflects above normal daytime sleepiness and need for further evaluation (Johns, 1992).

TARGET POPULATION: The ESS may be used for both initial assessment and ongoing comparative measurements with older adults across the health care continuum. The ESS is not an appropriate tool for measuring changes in sleep over a period of hours.

VALIDITY AND RELIABILITY: There is a high level of internal consistency between the eight items in the ESS as measured by Cronbach’s alpha, ranging from 0.74 to 0.88. Numerous studies using the ESS have supported high validity and reliability.

STRENGTHS AND LIMITATIONS: The ESS is a subjective measure of sleepiness. Self reporting by clients though empowering and revealing, may reflect inaccurate information if the client has difficulty understanding what is written, or cannot see or physically write out responses. The ESS has been translated into Spanish, Portuguese, Italian, German, Swedish, Finnish, Greek, French, Mandarin, Japanese and Turkish. The tool has not been validated for phone interviews.

MORE ON THE TOPIC:

Best practice information on care of older adults: www.ConsultGerRN.org.

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How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently try to work out how they would have affected you. Use the following scale to choose the **most appropriate number** for each situation:

0 = would **never** doze

1 = **slight chance** of dozing

2 = **moderate chance** of dozing

3 = **high chance** of dozing

SITUATION	CHANCE OF DOZING (0-3)
Sitting and reading	
Watching television	
Sitting inactive in a public place (e.g. a theater or meeting)	
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 a lunch without alcohol	
In a car, while stopped for a few minutes in the traffic	
TOTAL SCORE	

SCORE RESULTS:

1-6 Congratulations, you are getting enough sleep!

7-8 Your score is average

9 and up Very sleepy and should seek medical advice

Johns, M.W. (1991). A new method for measuring daytime sleepiness: The Epworth sleepiness scale. *Sleep, 14*, 540-545. Permission for single-use of the information contained in this material was obtained from the Associated Professional Sleep Societies, LLC, September 2006.

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