

嗜睡量表

Epworth Sleepiness Scale - ESS

姓名 Name: _____ 日期 Date: _____

以下是一個簡單自我檢測問卷，以分析您患上睡眠窒息症的機會有多大。
您曾否在以下的活動中出現打瞌睡或睡著的情況？

可能您最近沒有進行某些活動，您可就以往表現來作出評估：

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 response for each situation.

	未曾發生 No Chance of Dozing +0	很少機會 Slight Chance of Dozing +1	中等機會 Moderate Chance of Dozing +2	很大機會 High Chance of Dozing +3
1. 坐著閱讀 Sitting and reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. 看電視 Watching TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. 在公共場所坐下（如戲院或公園） Sitting, inactive in a public place (e.g. a theater or a meeting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. 乘搭交通工具多於一小時 As a passenger in a car an hour without a break	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. 於環境許可時躺下休息 Lying down to rest on the afternoon when circumstances permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. 坐下和別人交談 Sitting and talking to someone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. 餐後坐下休息（沒有喝酒的情況下） Sitting quietly after lunch without alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. 乘車或駕車時遇上停車等候 In a car, while stopped for a few minutes in traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 0 - 5 沒有嗜睡問題
lower normal daytime sleepiness
- 6 - 10 輕微嗜睡
normal daytime sleepiness
- 11-12 中度嗜睡
mild excessive daytime symptoms
- 13-15 高度嗜睡
moderate excessive daytime symptoms
- 16-24 嚴重嗜睡
severe excessive daytime symptoms