Epworth Sleepiness Scale Documentation Cheat Sheet

Reviewed by the BastionGPT Clinical Advisory Board · August 2026 · Reproduces none of the scale's situations or forms

The Epworth Sleepiness Scale is an eight-situation self-report measure of usual dozing propensity, each rated 0 to 3, total 0 to 24; official bands: 0 to 10 normal, 11 to 12 mild, 13 to 15 moderate, 16 to 24 severe. It measures sleepiness, never diagnoses sleep apnea, is licensed for every use, and is mandated by no US or Canadian law. Defensible charting names the version and mode, writes the total out of 24 with its band, records the context and safety history, and describes change against a comparable prior score.

Version, mode, respondent, assistance adult ESS 1997 / ESS-CHAD
Do: language and translation; paper vs licensed portal or EHR; who answered; reading help, interpreter, prompting.
Pitfall: "Epworth 14" with no version, mode, or respondent; a partner's answers charted as the patient's.

The total, out of 24, and its validity all eight answered
Do: write x/24; missing item = invalid, not imputed; half-point totals round up; standard "recent times" frame kept.
Pitfall: a total scored from seven answers; a locally edited form with a new recall window.

The band, with 10 kept normal 0-10 normal; 11 first elevated
Do: 0-5 lower normal, 6-10 upper normal, 11-12 mild, 13-15 moderate, 16-24 severe; MBS 8+ and payer over-10 are access criteria.
Pitfall: 10 charted as abnormal; 8 charted as excessive sleepiness; bands read as diagnoses.

What it does not measure not OSA risk, not diagnosis, not driving fitness
Do: reported dozing propensity only; identifies no cause; a low score does not exclude OSA.
Pitfall: "ESS 15, consistent with sleep apnea"; "ESS 6, sleep apnea unlikely."

Context that explains the number sleep opportunity, meds, safety
Do: usual sleep opportunity, restriction, shift work, sedating or stimulating agents, alcohol, caffeine, mood, adherence; direct inquiry about dozing while driving, near-misses, crashes; collateral separately.
Pitfall: an elevated score blamed on OSA in a five-hour-a-night shift worker; a low score accepted beside admitted sleep-at-the-wheel events.

Change, described not over-claimed prior score, comparable conditions
Do: prior date and score, absolute change; group MID about 2 to 3 points, retest noise several points; pair with objective PAP use, efficacy, function.
Pitfall: "responded, ESS down 2" with no usage data; a rise called treatment failure before schedule and meds are reviewed.

Plan, follow-up, and the licence the number changes something
Do: testing, medication review, sleep-extension trial, PAP optimization, MWT for safety-sensitive wakefulness, driving advice, next administration on the same version and mode; instrument used under licence.
Pitfall: a number filed with no consequence; the eight situations pasted into a template or an unlicensed EHR form.

Before the note is signed

- [ ] Version, mode, respondent, and assistance named
- [ ] Total written out of 24; all eight items answered
- [ ] Official band stated; 10 kept normal; policy thresholds named separately
- [ ] Kept a symptom measure: no apnea finding inferred either way
- [ ] Sleep opportunity, medications, and safety history recorded
- [ ] Change described against a comparable prior score with objective data
- [ ] Plan and next administration dated; instrument used under licence

Drafting with AI

Give it the facts: version and mode, respondent, total and validity, sleep opportunity and medications, safety history, prior score and date, device data, plan.

"Draft ESS documentation: adult 1997 version, English, self-completed, all items answered, 7/24; baseline 07/01 17/24; PAP day 39, 28 of 30 nights, 6 h 20 min average; no drowsy driving; repeat at annual review."

Never paste patient-identifying information into consumer AI tools. BastionGPT is HIPAA-compliant with a signed BAA on every plan.

0 to 24	0-10 normal	Not an OSA test	Licensed for every use
eight situations rated 0 to 3	11 is the first elevated score	weak correlation with apnea severity	with or without a fee, via Mapi

Full guide and sample note: **bastiongpt.com/template/epworth**

Epworth Sleepiness Scale Documentation Template

Copy or print for your practice · Adapt fields to your organization's, payer's and jurisdiction's documentation requirements. Contains no scale content.

Setting: | Patient (initials): | Date: | Clinician:

Version + language + mode: | Respondent + assistance + time point:

Score and validity
Total ___/24 · all eight situations answered (missing = invalid, not imputed) · half-point totals rounded up · standard recall frame kept

Band
0-5 lower normal · 6-10 upper normal · 11-12 mild · 13-15 moderate · 16-24 severe · policy thresholds (MBS 8+, payer over 10) named separately

Context
Usual sleep opportunity · recent restriction · shift work · sedating or stimulating medications · alcohol, caffeine · mood, illness · treatment adherence

Safety history
Dozing while driving or operating equipment · near-misses · crashes · unintentional sleep episodes · occupational exposure · collateral (separate, with source)

Interpretation
Reported dozing propensity in context · not an OSA-risk score, not a diagnosis, not a driving-fitness determination · differential named

Change from prior
Prior date and score · comparable conditions? · absolute change · paired with objective PAP use, efficacy, function

Plan and licence
Testing · medication review · sleep-extension trial · PAP optimization · MWT if safety-sensitive · driving advice · next administration (same version and mode) · administered under licence, no items in note

Clinician (name and credentials): | Signature: | Date: