Time of Day Sleepiness Scale (TODSS)

Purpose Constructed using items taken from the Epworth Sleepiness Scale (ESS; Chap. 29), the ToDSS was designed to collect subjective assessments of sleepiness for three different times of day: morning, afternoon, and evening. The scale allows clinicians and researchers to assess daytime sleepiness across a variety of situations at several different points in time. While still a new instrument, the ToDSS may prove useful for those who need an efficient measure of changes in daytime sleepiness throughout the day.

Population for Testing The scale has been evaluated in a population of patients presenting for a sleep consultation at a clinic. Participants had a mean age of 47.5 ± 13.5 years.

Administration The scale is a self-report, paper-and-pencil measure requiring approximately 5 min for administration.

Reliability and Validity In an initial validation study conducted by Dolan and colleagues [1], developers found an internal consistency ranging from .87 to .9, and results on the ToDSS were highly correlated with scores obtained on the ESS. ToDSS scores decreased significantly following treatment for those patients with obstructive sleep apnea.

Obtaining a Copy A copy of the scale can be found in the original article published by developers [1].

Direct correspondence to:
Leon D. Rosenthal
Sleep Medicine Associates of Texas
5477 Glen Lakes Dr. Suite 100
Dallas, TX 75231, USA
Email: ldr@sleepmed.com

Scoring The scale is divided into three columns: morning (before noon), afternoon (from noon to 6:00 p.m.), and evening (after 6:00 p.m.). For each time-of-day column, respondents use a scale from 0 ("would never doze") to 3 ("high chance of dozing") to indicate the likelihood that they would fall asleep in certain situations. Scores are tallied for each column to provide a total score for the three different times of day. Total scores can then be compared.

TIME OF DAY SLEEPINESS SCALE
Modified—Morning-Afternoon-Evening

NAME_____   **DATE**_____

In contrast to just feeling tired, how likely are you to doze off or fall asleep at each specified time of the day (in the morning, afternoon, and evening) in each of the following situations? Even if you have not done some of these things recently, try to work out how they would have affected you. For each time of the day, use the following scale to choose the most appropriate rating 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		
	Morning *Before noon*	**Afternoon** *Noon-6pm*	**Evening** *After 6 pm*
Sitting & reading..			
Watching TV...			
Sitting inactive in a public place(i.e.theater)......................			
As a car passenger for an hour without a break...................			
Lying down to rest...			
Sitting & talking to someone..			
Sitting quietly after a meal without alcohol........................			
In a car, while stopping for a few minutes in traffic...........			
Total			

Reprinted from Dolan et al. [1]. Copyright 2009, with permission from Elsevier [or applicable society copyright owner].

Reference

1. Dolan, D. C., Taylor, D. J., Okonkwo, R., Becker, P. M., Jamieson, A. O., Schmidt-Nowara, W., & Rosenthal, L. D. (2009). The time of day sleepiness scale to assess differential levels of sleepiness across the day. *Journal of Psychosomatic Research, 67,* 127–133.

Representative Studies Using Scale

None.