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 AMERICAN ACADEMY
 OF SLEEP MEDICINE

SLEEP CENTER of the SOUTHWEST

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 Pediatric & Adult Allergy Immunology
 Pediatric Pulmonary Medicine
 Board Certified in Sleep Medicine
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NAME: _____

DATE: _____

THE EPWORTH SLEEPINESS SCALE

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
Sitting and reading.	_____
Watching TV.	_____
Sitting, inactive in a public place (e.g. a theater or a meeting).	_____
As a passenger in a care for and 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 traffic.	_____
<u>Thank you</u> for your cooperation.	TOTAL _____