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The American Academy of Allergy & Immunology  
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American Board of Allergy & Immunology (Adult & Pediatric)  
American Board of Sleep Medicine and Clinical Polysomnography  
(Adult & Pediatric)  
American Board of Medical Specialties in Sleep Medicine  
American Board of Pediatrics (Pediatric Pulmonology)  
American Board of Pediatrics (General Pediatrics)

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(432)570-NITE (6483) or 1-800-915-SLEEP (7533)  
[www.sleepcentersw.com](http://www.sleepcentersw.com)

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

### THE EPWORTH SLEEPINESS SCALE

#### \*\*\* FOR BED PARTNER TO FILL OUT ABOUT THE PATIENT\*\*\*

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

<u>Situation</u>	<u>Chance of Dozing</u>
Sitting and reading	_____
Watching TV	_____
Sitting, inactive in a public place (e.g. a theater or a 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 traffic	_____

**Thank you** for your cooperation

**TOTAL** \_\_\_\_\_