



**SOUTHERN ARIZONA CENTER  
for MINIMALLY INVASIVE SURGERY**

A Division of Arizona Community Surgeons, PC

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## EPWORTH SLEEPINESS SCALE

Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_  Male  Female

Please rate the chance of dozing off based on the scale provided below.  
Record your response on a scale of 0-3.

<u>Situation</u>	<u>Chance of Dozing</u>
This refers to your usual way of life in recent times. Even if you have not done some of these things recently, try to answer how they would have affected you.	0 = would never doze 1= slight chance of dozing 2= moderate chance of dozing 3= high chance of dozing
<b>Sitting and Reading</b>	
<b>Watching TV</b>	
<b>Sitting, inactive, in a public place</b>	
<b>As a passenger in a car for an hour</b>	
<b>Lying down in the afternoon</b>	
<b>Sitting and talking to someone</b>	
<b>Sitting quietly after lunch without alcohol</b>	
<b>In a car, while stopped for a few minutes in traffic</b>	
<b>Total</b>	