



# Pulmonary Associates of St. Augustine, P.A.

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## EPWORTH SLEEPINESS SCALE

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

DATE: \_\_\_\_\_ USE PAP DEVICE? YES / NO IF YES, SETTINGS? \_\_\_\_\_

COMPLIANCE %: \_\_\_\_\_ AVERAGE HOURS/NIGHT USE? \_\_\_\_\_ MASK TYPE? \_\_\_\_\_

ANY ISSUES? \_\_\_\_\_

DME COMPANY? \_\_\_\_\_

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

*It is important that you answer each question as best you can.*

SITUATION	NO CHANCE	SLIGHT CHANCE	MODERATE CHANCE	HIGH CHANCE
Sitting and reading.	0	1	2	3
Watching TV.	0	1	2	3
Sitting, inactive in a public place (EX: a theatre or a meeting).	0	1	2	3
As a passenger in a car for an hour without a break.	0	1	2	3
Lying down to rest in the afternoon when circumstances permit.	0	1	2	3
Sitting and talking to someone.	0	1	2	3
Sitting quietly after a lunch without alcohol.	0	1	2	3
In a car, while stopped for a few minutes in the traffic.	0	1	2	3
			<b>TOTAL:</b>	