

OSA 50 Screening Questionnaire

If yes, SCORE

Obesity: Waist circumference*: males > 102 cm or females > 88 cm 3

Snorring: Has your snoring ever bothered other people? 3

Apneas: Has anyone noticed that you stop breathing during your sleep? 2

50: Are you aged 50 years or over? 2

TOTAL SCORE (out of 10):

** Waist circumference to be measured at the level of the umbilicus (belly button).*

EPWORTH SLEEPINESS SCALE

How likely are you to fall asleep in the following situations?

0 = never, 1 = slight chance, 2 = moderate chance, 3 = high chance

Sitting and reading

Watching television

Sitting, inactive in a public place (theatre, meeting)

As a passenger in a car for an hour with no break

Lying down to rest in the afternoon

Sitting and talking to someone

Sitting quietly after lunch without alcohol

In a car while stopped for a few minutes in traffic

TOTAL SCORE:

A score of 10 or above indicates you may be having a problem with daytime sleepiness.

PRACTICE POLICIES

There is a cancellation fee of 100% of the consultation fee if less than 24 hours notice is given.

On signing this consent form, I agree that my credit card will be charged for a cancellation as per above.

Cardholder's Name:

Card Number:

Expiry Date:

Name:

Date: / /

Signature: