



OSA 50 Questionnaire

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|----------------------|
| (Patient Sticker) |
| OR |
| Full name: _____ |
| Date of birth: _____ |

Date completed: ____/____/____

| OSA 50 Screening Questionnaire | | |
|--------------------------------|---|----------------------|
| | | If yes, <u>SCORE</u> |
| Obesity | Waist circumference* - Male > 102cm or Females >88cm | 3 |
| Snoring | Has your snoring ever bothered other people? | 3 |
| Apnoeas | Has anyone noticed that you stop breathing during your sleep? | 2 |
| 50 | Are you aged 50 years or over? | 2 |
| TOTAL SCORE | | / 10 points |

*Waist measurement to be measured at the level of the umbilicus