ISMC
Illawarra Sleep Medicine Centre

OSA 50 SCREENING QUESTIONNAIRE

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PATIENT INFORMATION

NAME: _____ DATE: _____

DOB: _____ PHONE: _____

PLEASE COMPLETE THE FOLLOWING QUESTIONNAIRE:

OBESITY	Waist circumference _____ cm Male > 102cm Female > 88cm *Waist measurement at the umbilicus level	**Yes = 3**
SNORING	Has your snoring ever bothered other people?	**Yes = 3**
APNEAS	Has anyone noticed that you stop breathing during your sleep	**Yes = 2**
50	Are you aged 50 years or over?	**Yes = 2**
	TOTAL SCORE:	**/ 10**