



**PATIENT INFORMATION**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DOB: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING QUESTIONNAIRE:**

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