

## SLEEP APNOEA QUESTIONNAIRE

### StopBang Questionnaire

1. Do you <b>SNORE</b> loudly? Loud enough to be heard through closed doors.	Yes	No
2. Do you often feel <b>TIRED</b> , fatigued, or sleepy during the day?	Yes	No
3. Has anyone <b>OBSERVED</b> you stop breathing during your sleep?	Yes	No
4. Do you have or are being treated for high blood <b>PRESSURE</b> ?	Yes	No
5. <b>BMI</b> more than 35? Height: _____ cm Weight: _____ kg	Yes	No
6. <b>AGE</b> over 50 years old?	Yes	No
7. <b>NECK</b> circumference >40cm = _____ cm	Yes	No
8. <b>GENDER</b>	M	F

**Total:** \_\_\_\_/10

### OSA 50 Questionnaire

1. <b>Obesity:</b> Waist circumference* Males >102cm Females >88cm	Yes	No	3
2. <b>Snoring:</b> Has your snoring bothered people?	Yes	No	3
3. <b>Apnoea's:</b> Has anyone noticed that you stop breathing during your sleep?	Yes	No	2
4. <b>50:</b> Are you aged 50 years or over?	Yes	No	2

**\*Waist circumference measured at umbilical level**

**Total:** \_\_\_\_/10

### **Epworth Sleepiness Scale**

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

1. Sitting and reading	0	1	2	3
2. Watching TV	0	1	2	3
3. Sitting, inactive in a public place (e.g., Theatre or meeting)	0	1	2	3
4. As a passenger in a car for an hour without a break	0	1	2	3
5. Lying down resting in the afternoon when the circumstances permit	0	1	2	3
6. Sitting and talking to someone	0	1	2	3
7. Sitting quietly after lunch	0	1	2	3
8. In a car, while stopped for a few minutes in the traffic	0	1	2	3

**Total:** \_\_\_\_/24