



SCREENING QUESTIONS

Please send your referral to us by Fax: 1800 317 339 or via secure messaging

Our staff will contact the patient to book an appointment. Patients: Please bring this referral to your appointment.

Both OSA 50 AND ESS scores must be completed to qualify for a Medicare rebated Home Sleep Study (Medicare item 12250)

ESS Questionnaire - Patient must **score 8** or more.

How likely are you to doze off (fall asleep) in the following situations?

Sitting and reading	0	1	2	3
Watching television	0	1	2	3
Sitting inactive, in a public space	0	1	2	3
Lying down to rest in the afternoon when circumstances permit	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after a lunch without alcohol	0	1	2	3
As a passenger in a car for an hour without a break	0	1	2	3
In a car, while stopped for a few minutes in traffic	0	1	2	3

Use the following scale to choose the most appropriate answer:

- 0 - No chance
- 1 - Slight chance
- 2 - Moderate chance
- 3 - High chance

Total score: _____

OSA-50 Screening Questionnaire - Patient must **score 5** or more.

Waist circumference (Measure at the level of the umbilicus)

Male > 102cm | Females > 88cm Yes **(3 points)**

Has your snoring ever bothered other people? Yes **(3 points)**

Has anyone noticed you stop breathing during your sleep? Yes **(2 points)**

Are you aged 50 years or over? Yes **(2 points)** **Total score:** _____

ELIGIBILITY FOR MEDICARE SUBSIDISED STUDY

Yes - Patient has qualified. Please fax referral for approval by a supervising sleep physician and home sleep study.

No - Patient is NOT eligible. Private fee may apply for further sleep study options.

Both ESS and OSA-50 questionnaires must be completed