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Experts in snoring, sleep and sleep apnoea

Home-based sleep study eligibility questionnaires

Please complete the following questionnaires to assist in the assessment of your eligibility for a
home-based sleep study. Home-based sleep studies only attract a Medicare rebate when used for
investigating the possibility of sleep apnoea, in people considered to be at high risk of sleep apnoea.

Name:	Date of Birth:

STOP-BANG Sleep Apnea Questionnaire Chung F et al Anaesthesiology 2008 & Br J Anaesth 2012

S - Do you SNORE loudly? (louder than talking or enough to be heard through	Yes	No
closed doors)		
T – Do you often feel TIRED, fatigued, or sleepy during daytime?	Yes	No
O – Has anyone OBSERVED you stop breathing during your sleep?	Yes	No
P – Do you have or are you being treated for high blood PRESSURE?	Yes	No
B – Is your BMI more than 35kg/m2?	Yes	No
A – AGE over 50 years old?	Yes	No
N – NECK circumference (shirt size) more than 40cm / 16 inches?	Yes	No
G – Is your GENDER male?	Yes	No
TOTAL SCORE (add up number of 'yes' responses)		•

Epworth Sleepiness Scale Johns M Sleep 1991; 14(6): 540-545

For the 8 situations in the table below, how likely are you to doze off or fall asleep, in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently, try to work out how they would have affected you.

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

Sitting and reading	/3
Watching television	/3
Sitting, inactive in a public place (Eg a theatre or meeting)	/3
As a passenger in a car for an hour without a break	/3
Lying down to rest in the afternoon when circumstances permit	/3
Sitting and talking to someone	/3
Sitting quietly after lunch without alcohol	/3
In a car, while stopped for a few minutes in the traffic	/3
TOTAL SCORE (add up total responses)	/24