

| OSA-50 Screening Questionnaire

Instructions

The OSA-50 Screening Questionnaire is used to screen for Obstructive Sleep Apnoea (OSA) and assesses if you are at **risk** for **Sleep Apnoea**.

Please answer Yes or No to the following questions.

<p>1 Waist circumference*</p> <p><small>*Waist measurement to be measured at the level of the umbilicus</small></p>	<p>3 Male: > 102cm</p>	<p>3 Female: > 88cm</p>
<p>2 Has your snoring ever bothered other people?</p>	<p>3 Yes</p>	<p>No</p>
<p>3 Has anyone noticed you stop breathing during your sleep?</p>	<p>2 Yes</p>	<p>No</p>
<p>4 Are you aged 50 years or over?</p>	<p>2 Yes</p>	<p>No</p>

Guidelines for Scoring/Interpretation

If you answered **Yes** to any questions, score as follows:

Total score / 10 points

If you score more than 5 out of 10, consult your doctor to see if you need to investigate further as you may be at risk of Sleep Apnoea.

The Epworth Sleepiness Scale can also be used to further determine the necessity for a Sleep Study.