PLEASE BRING THIS COMPLETED QUESTIONNAIRE AND REFERRAL TO YOUR APPOINTMENT, OR SUBMIT VIA EMAIL BELOW. Thank You

EPWORTH SLEEPINESS SCALE

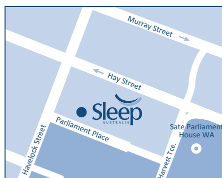
How likely are you to doze off?	Never (0)	Slight (1)	Mod (2)	High (3)
Sitting and Reading				
Watching TV				
Sitting inactive in a public place				
Being inactive in a car as a passenger				
Lying down to rest in the afternoon				
Sitting and chatting to someone				
Sitting quietly after lunch				
In a car while stopped in traffic				

SCORE = OUT OF 24

STOP-BANG QUESTIONNAIRE

Please answer YES or NO to below questions.	YES	NO
Do you snore loudly?		
Do you often feel tired, fatigued, or sleepy during the daytime?		
Has anyone observed you stop breathing during your sleep?		
Do you have or are you being treated for high blood pressure?		
Are you obese/ very overweight - BMI more than 35 kg/m^2?		
Age over 50 years old?		
Neck Circumference (collar size › 43cm male, 41cm female)		
Are you male?		

SCORE = OUT OF 8



West Perth - Head Office
Level 2, 36 Parliament Place,
West Perth, WA 6005

T: 08 6298 8314 F: 08 6298 8399
E: reception@sleepaustralia.com.au