Respiratory & Sleep Service
Bookings: 1300 780 377 Fax: 9955 4099
www.respiratoryservice.com.au ABN 27 105 357 828

PROUDLY SUPPORTING | ASTHMA AUSTRALIA

Home Sleep Study Questionaire

Please submit with a completed Referral Form to admin@respiratoryservice.com.au

The following information MUST be completed in order to assess a patient's eligibility for a direct at home sleep study as indicated by current regulatory guidelines.

MBS will only fund a Home Sleep Study if STOP BANG ≥3 and ESS ≥8, otherwise a consultation with an RSS Sleep Physician will be necessary before a MBS funded sleep study can be approved. MBS will only allow funding of a Home Sleep Study (item No.12250) once every twelve months.

Patient Details

Name:

Gender: Ⓜ / Ⓕ / Other DOB:

Contact No:

Address:

Referring Doctor

Name:

Contact No:

Address:

Provider No:

Signature: Date:

Sleep Services

☐ Specialist Consultations

☐ and/or Sleep Study

Medical Conditions

STOP-BANG Questionnaire

		Yes	No
1. Snoring:	Do you snore loudly (Louder than talking or loud enough to be heard through closed doors)?	○	○
2. Tired:	Do you often feel tired, fatigued, or sleepy during daytime?	○	○
3. Observed:	Has anyone observed you stop breathing during your sleep?	○	○
4. blood Pressure:	Do you have or are you being treated for high blood pressure?	○	○
5. BMI:	Is your BMI more than 35kg/m2?	○	○
6. Age:	Are you 50 years or older?	○	○
7. Neck:	Is your neck circumference greater than 40cm?	○	○
8. Gender:	Are you male?	○	○
	Total:		

The Epworth Sleepiness Scale (ESS)

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

Choose the most appropriate number for each situation by circling a number next to each question

Situation	0 Never doze	1 slight chance of dozing	2 Moderate chance of dozing	3 High chance of dozing
1. Sitting and reading	○	○	○	○
2. Watching TV	○	○	○	○
3. Sitting, inactive in a public place (eg. theatre or a meeting)	○	○	○	○
4. As a passenger in a car for an hour without a break	○	○	○	○
5. Lying down to rest in the afternoon when circumstances permit	○	○	○	○
6. Sitting talking to someone	○	○	○	○
7. Sitting quietly after a lunch without alcohol	○	○	○	○
8. In a car, while stopped for a few minutes in traffic	○	○	○	○
Total:	/24			

Please ensure the following box is ticked and the referring doctor details are completed.
The sleep study MUST be booked with this information.

☐ **Respiratory & Sleep Service will arrange an appointment for my patient.**