



Screening for Obstructive Sleep Apnea

Answer the following questions to find out if you are at risk for Obstructive Sleep Apnea.

- S (Snoring)** Do you snore loudly (louder than talking or loud enough to be heard through closed doors?) YES NO
- T (Tired)** Do you often feel tired, fatigued, or sleepy during the daytime? YES NO
- O (Observed)** Has anyone observed you stop breathing during your sleep? YES NO
- P (Blood Pressure)** Do you have or are you being treated for high blood pressure? YES NO

- B (BMI)** BMI more than 35 kg/m²? YES NO
- A (Age)** Age over 50 year old? YES NO
- N (Neck Circumference)** Neck circumference greater than 40 cm (16 in)? YES NO
- G (Gender)** Gender male? YES NO

High risk of OSA: answering **YES** to three or more items

Low risk of OSA: answering **YES** to less than three items

