

# Sleep Apnea Assessment

## Disclaimer

The Sleep Apnea Screener is a self-assessment tool, not diagnostic and should be reviewed with your physician.<sup>1</sup>

## Instructions

Answer the following questions with a **'YES'** or **'NO'** answer. Then use the scoring criteria below.

## Questions

**Snoring:** Do you Snore Loudly (loud enough to be heard through closed doors or your bed-partner elbows you for snoring at night)?

- YES
- NO

**Tired:** Do you often feel Tired, Fatigued, or Sleepy during the daytime (such as falling asleep during driving or talking to someone)?

- YES
- NO

**Observed:** Has anyone Observed you Stop Breathing or Choking/Gasping during your sleep?

- YES
- NO

**Pressure:** Do you have or are you being treated for High Blood Pressure?

- YES
- NO

**Body Mass Index:** Is your Body Mass Index more than 35kg/m<sup>2</sup>?

- YES
- NO

**Age:** Are you older than 50 years old?

- YES
- NO

**Neck:** Is your neck size large? (Measured around Adam's apple) For male, is your shirt collar 17 in / 43 cm or larger? For female, is your shirt collar 16 in / 41 cm or longer?

- YES
- NO

**Gender:** Male?

- YES
- NO

## Scoring Criteria

<b>Low Risk OSA</b>	Yes to 0-2 questions
<b>Intermediate Risk OSA</b>	Yes to 3-4 questions
<b>High Risk OSA</b>	<ul style="list-style-type: none"><li>• Yes to 5-8 questions</li><li>• Or Yes to 2 or more of the 4 STOP questions + male gender</li><li>• Or Yes to 2 or more of the 4 STOP questions + BMI &gt; 35 kg/m<sup>2</sup></li><li>• Or Yes to 2 or more of the 4 STOP questions + neck circumference (17in/43cm in male, 16in/41cm in female)</li></ul>

\*If you fall within the intermediate or high risk categories of OSA, please bring this form to discuss with your health care practitioner.

<sup>1</sup>Proprietary to University Health Network. [www.stopbang.ca](http://www.stopbang.ca)

Modified from: Chung F et al. *Anesthesiology* 2008; 108:812-21; Chung F et al. *Br J Anaesth* 2012, 108:768-75; Chung F et al. *J Clin Sleep Med* 2014;10:951-8.