Sleep Apnea Assessment

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

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/m²?
  ❑ 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

<table>
<thead>
<tr>
<th>Risk Category</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Low Risk OSA</strong></td>
<td>Yes to 0-2 questions</td>
</tr>
<tr>
<td><strong>Intermediate Risk OSA</strong></td>
<td>Yes to 3-4 questions</td>
</tr>
</tbody>
</table>
| **High Risk OSA**   | - Yes to 5-8 questions  
|                     |  
|                     | - Or Yes to 2 or more of the 4 STOP questions  
|                     |  
|                     |  
|                     | + male gender  
|                     |  
|                     | - Or Yes to 2 or more of the 4 STOP questions  
|                     |  
|                     |  
|                     | + BMI > 35 kg/m2  
|                     |  
|                     | - Or Yes to 2 or more of the 4 STOP questions  
|                     |  
|                     |  
|                     | + neck circumference (17in/43cm in male, 16in/41cm in female)  

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

---

1Proprietary to University Health Network. www.stopbang.ca