

Adult Obstructive Sleep Apnea Screening Questionnaire

	Yes = 1	No = 0
Do you SNORE loudly?		
Do you often feel tired, fatigued, or sleepy during the daytime?		
Do you have or are you being treated for high blood pressure?		
Are you obese/ very overweight – BMI more than 35 kg/m ² ?		
Neck Circumference >16 inches?		
Are you male?		
Add Up Your Score – >		

What your score means:

0 - 2 - Low risk of sleep apnea

3 - 4 - Intermediate risk of having sleep apnea

5 - 8 - High risk of having sleep apnea