

**Respiratory
Therapy
Specialists Inc.**

SLEEP APNEA ASSESSMENT

Some of the questions are best completed by a bed partner if you have one as they refer to symptoms that occur during your sleep.

	YES	NO
1) Do you snore loudly (loud enough to be heard through closed doors)?	<input type="checkbox"/>	<input type="checkbox"/>
2) Do you often feel tired, fatigued, or sleepy during daytime?	<input type="checkbox"/>	<input type="checkbox"/>
3) Has anyone observed you stop breathing during your sleep?	<input type="checkbox"/>	<input type="checkbox"/>
4) Do you have or are you being treated for high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
5) BMI more than 34 KG/m²?	<input type="checkbox"/>	<input type="checkbox"/>
6) Age over 50 years old?	<input type="checkbox"/>	<input type="checkbox"/>
7) Neck circumference greater than 40 cm or 15.7 inches?	<input type="checkbox"/>	<input type="checkbox"/>
8) Gender male?	<input type="checkbox"/>	<input type="checkbox"/>

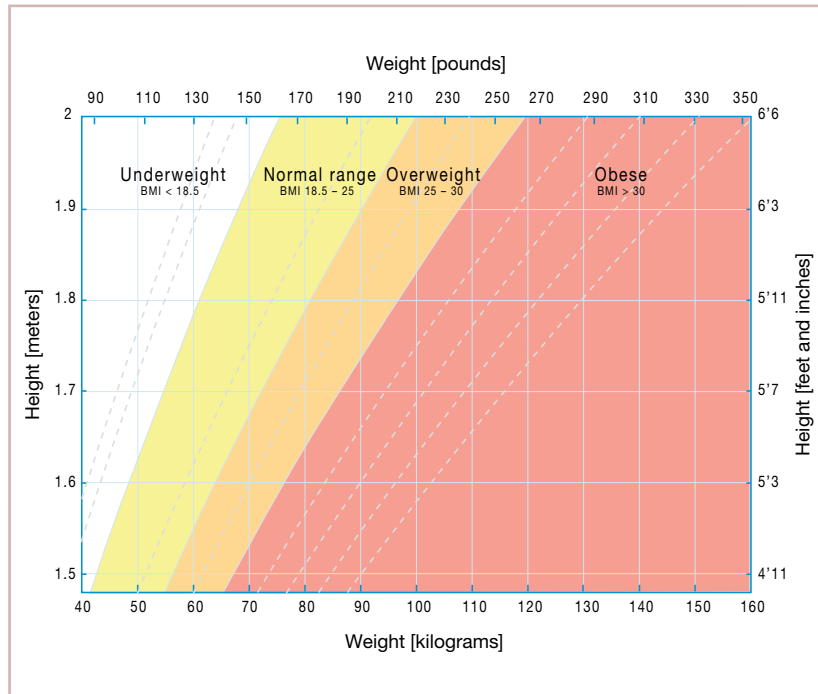
TOTAL SCORE — —

If 3 or more questions are answered YES, you should discuss Sleep Apnea with your Doctor. This test is very general in nature and does not replace information or advice from a Healthcare Professional.

If you suspect that you have OSA contact your physician.

BMI chart on reverse

BMI Calculator



**If you have OSA,
you may experience
the following:**

- > Fatigue or daytime sleepiness
- > Loud snoring
- > Breathing pauses during sleep
- > Depression
- > High blood pressure
- > Sexual problems
- > Intellectual deterioration
- > Memory lapses
- > Morning headaches