

OSA risk questionnaire.

1. Has anyone ever noticed you stop breathing while you sleep? Y/N
2. Are you often fatigued or tired during the day? Y/N
3. Are you Male? Y/N
4. Is your neck circumference greater than 40cm? Y/N
5. Are you 50 yrs of age or more? Y/N
6. Do you have high blood pressure (hypertension)? Y/N
7. Do you snore loudly (enough to be heard from another room)? Y/N
8. Is your BMI (Body Mass Index) greater than 35 kg/m²? Y/N
(to calculate this divide your weight in kilos by your height in Meters, then divide your height again)

If you answered yes to 0-2 questions	Low Risk of OSA
If you answered yes to 3-4 questions	Intermediate Risk of OSA
If you answered yes to 5-8 questions	High Risk of OSA.