

Sleep Apnea Quiz

1. Do you snore? Yes No
2. Do you often feel tired, fatigued, or sleepy during the day? Yes No
3. Has anyone observed you stop breathing during sleep? Yes No
4. Do you have or are you being treated for high blood pressure? Yes No
5. Is your BMI 35 or over? Yes No
6. Is your neck size 16" plus? Yes No
7. Are you male? Yes No

High risk of OSA: Yes to 3 or more questions

Low risk of OSA: Yes to less than 3 questions