

Stop. Bang.

Screening for Obstructive Sleep Apnea

Answer the following questions to find out if you are at risk for Obstructive Sleep Apnea.

S T O P	SNORING	Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	TIRED	Do you often feel tired, fatigued or sleepy during daytime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	OBSERVED	Has anyone observed you stop breathing during your sleep?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	BLOOD PRESSURE	Do you have or are you being treated for high blood pressure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B A N G	BMI	BMI more than 35 kg/m ² *?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	AGE	Age over 50 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	NECK CIRCUMFERENCE	Neck circumference greater than 40 cm (16 in)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	GENDER	Gender male?	<input type="checkbox"/> Yes <input type="checkbox"/> No

*For imperial conversion use lb/in² x 705¹

¹Stensland Sh and Margolis S. J Am Diet Assoc 1990; 90(6): 856.

High Risk of OSA ▶ Answer 3+ Yes

Low Risk of OSA ▶ Answer 1-2 Yes

Diagnostic Sleep Center

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Open five days and seven nights a week.
No sleep study appointments during the day.

