MIDWEST

EAR, NOSE & THROAT

"Feel better."

SLEEP CENTER QUIZ

Height _____ inches or _____cm Weight _____ lb or _____ kg

Age _____Male ❑ Female ❑ BMI _____

Collar size of shirt: S ❑ M ❑ L ❑ XL ❑ or _____ inches or _____cm

Neck circumference _____ cm (will be measured by staff)

1. **Snoring**
   Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?
   Yes ❑ No ❑

2. **Tired**
   Do you often feel tired, fatigued or sleepy during daytime?
   Yes ❑ No ❑

3. **Observed**
   Has anyone observed you stop breathing during your sleep?
   Yes ❑ No ❑

4. **Blood Pressure**
   Do you have or are you being treated for high blood pressure?
   Yes ❑ No ❑

5. **BMI**
   BMI more than 35 kg/m^2?
   Yes ❑ No ❑

6. **Age**
   Age over 50 yrs old?
   Yes ❑ No ❑

7. **Neck circumference**
   Neck circumference greater than 16 inches/40 cm?
   Yes ❑ No ❑

8. **Gender**
   Male Gender?
   Yes ❑ No ❑

High risk of OSA: answering yes to three or more items
Low risk of OSA: answering yes to less than three items

Adapted from ***STOP Questionnaire***

A Tool to Screen Patients for Obstructive Sleep Apnea