

Sleep Apnea

Quiz

Simply print and complete this questionnaire to learn if you could be at risk of Obstructive Sleep Apnea (OSA).

Answer 'Yes' or 'No' to the following questions in order to calculate your risk of OSA:

Are you male? Yes / No

Are you older than 50 years old? Yes / No

Is your BMI* more than 35kg/m²? Yes / No

Is your neck circumference greater than 16 inches (40cm)? Yes / No

Do you snore loudly (louder than talking or loud enough to be heard through closed doors)? Yes / No

Do you often feel tired, fatigued, or sleepy during the daytime? Yes / No

Has anyone observed you stop breathing during your sleep? Yes / No

Do you have or have you been treated for high blood pressure? Yes / No

Total number of questions answered 'Yes'

*Body Mass Index = divide your **weight** in kilograms (kg) by your **height** in metres (m) then divide the answer by your **height** again to get your BMI.

What does my score mean?

If you scored **between 0-2** then you are at **low risk of OSA**

If you scored **between 3-4** then you are at **intermediate risk of OSA**

If you scored **between 5-8** then you are at **high risk of OSA**

If you are at an intermediate or high level risk of OSA **and/or** have any of the below symptoms it is advised that you book an appointment with your physician to discuss this.

- Morning headaches, memory or learning problems
- Mood swings or personality changes: perhaps feeling depressed
- Feeling irritable and not able to concentrate at work
- Dry throat when you wake up and frequent urination at night