

3 or more “yes” answers means patient has a high risk of sleep apnea

1. Do you **SNORE** loudly (louder than talking or loud enough to be heard through closed doors)?

Yes No

2. Do you often feel **TIRED** during the daytime?

Yes No

3. Has anyone ever **OBSERVED** you stop breathing while sleeping?

Yes No

4. Do you have or are you being treated for high blood **PRESSURE**?

Yes No

5. Is your **BMI** more than 35 kg/m²?

Yes No

6. **AGE** over 50?

Yes No

7. **NECK** circumference greater than 40 cm?

Yes No

8. **GENDER** male?

Yes No

SOURCE: Tajender, S. Vasu, et al. Obstructive sleep apnea syndrome and postoperative complications. *Arch Otolaryngol Head Neck Surg.* 2010;136(10): 1020-1024