

Could your snoring be a sign of something serious?

Take this quiz and talk to your doctor about obstructive sleep apnea (OSA).

	YES	NO
S noring 1 Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?	<input type="checkbox"/>	<input type="checkbox"/>
T ired 2 Do you often feel tired, fatigued, or sleepy during the daytime?	<input type="checkbox"/>	<input type="checkbox"/>
O bserved 3 Has anyone observed you stop breathing during your sleep?	<input type="checkbox"/>	<input type="checkbox"/>
P ressure 4 Do you have or are you being treated for high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>

Share the results with your doctor. Then ask your doctor to complete the questions on the back. If you answered YES to at least 1 of these questions, you could be at risk for something more serious like OSA.

What is OSA?

- OSA is caused by an airway blockage that can disrupt your breathing while you sleep and may leave you feeling tired during the day¹
- One of the most common symptoms of OSA is loud snoring¹
- It is estimated that as many as 18 million Americans suffer from OSA²
- OSA is a medical condition that needs diagnosis and treatment by a doctor
- Many people with OSA aren't diagnosed and, therefore, don't get treated²
- OSA can have significant consequences to your health¹

Questionnaire adapted with permission from Chung F, Yegneswaran B, Liao P, Chung SA, Vairavanathan S, Islam S, Khajehdehi A, Shapiro CM. *Anesthesiology*. 2008;108(5):812-821.

References: 1. American Academy of Sleep Medicine. *The International Classification of Sleep Disorders: Diagnostic and Coding Manual*. 2nd ed. Westchester, IL: American Academy of Sleep Medicine; 2005. 2. National Institutes of Health, National Institute of Neurological Disorders and Stroke. *Brain Basics: Understanding Sleep*. Bethesda, MD: National Institutes of Health; 2007. NIH Publication 06-3440-c. 3. Chung F, Yegneswaran B, Liao P, et al. STOP questionnaire: a tool to screen patients for obstructive sleep apnea. *Anesthesiology*. 2008;108(5):812-821.

Continue screening for obstructive sleep apnea (OSA) with the questions below

This side to be completed by physician.

Patient profile

Height: _____ (in) Weight: _____ (lb) Age: _____ Male/Female BMI: _____ (kg/m²) Neck circumference: _____ (in)

Male gender?

	YES	NO
5	<input type="checkbox"/>	<input type="checkbox"/>

Age 50 or older?

	YES	NO
6	<input type="checkbox"/>	<input type="checkbox"/>

Body Mass Index (BMI) greater than 35?
(Refer to BMI chart below)

	YES	NO
7	<input type="checkbox"/>	<input type="checkbox"/>

Neck circumference greater than 15.75 inches?

	YES	NO
8	<input type="checkbox"/>	<input type="checkbox"/>

Scoring the questionnaire³

STOP portion only (questions 1-4 on front)

Answering YES to 2 or more questions in the STOP portion of the questionnaire suggests a high risk for OSA.

Physician evaluation (questions 1-8)

Answering YES to 3 or more questions in the full questionnaire suggests a high risk for OSA.

Validation of the questionnaire

The questionnaire was administered to 2467 surgical (noncancer) patients at preoperative clinics in pilot and validation studies; 211 patients underwent overnight polysomnography. After adding questions 5-8 to the STOP questionnaire, the sensitivity of the screener was 100% for identifying severe OSA, and 93% for moderate OSA.

BMI

BMI is >35 if weight is greater than listed for the corresponding height.

Height (in)	Weight (lb)	Height (in)	Weight (lb)
59"	173	68"	230
60"	179	69"	237
61"	185	70"	243
62"	191	71"	250
63"	197	72"	258
64"	204	73"	265
65"	210	74"	272
66"	216	75"	279
67"	223	76"	287

This questionnaire is intended to help you in your assessment of patients who may be at risk for OSA; it is not intended to replace your clinical judgment in the diagnosis of OSA.

