

OSA Screening Tool

High risk of OSA: answering yes to **two** or more items

Low risk of OSA: answering yes to less than two items

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, and sleepy during daytime? Yes No

3 Observed

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

4 BMI

BMI more than 40 kg/ m² Yes No