

Sleep Apnea Risk Assessment

Please answer the questions below

- 1 YES NO Feel tired/fatigued/sleepy during the day
- 2 YES NO Has anyone observed you stop breathing during sleep
- 3 YES NO Do you have or are you being treated for high blood pressure
- 4 YES NO Are you overweight (BMI more than 35)
- 5 YES NO Are you over 50 years old
- 6 YES NO Is your neck circumference greater than 16 inches
- 7 YES NO Are you male

For Surgery Center Use

Sleep Apnea Risk Score

0-2 - Low Risk

3 or more - High Risk (If high risk, use sleep apnea precautions)

Comments: _____
