



Add 1 point for each "Yes"

- Snoring** Is your Snoring louder than talking or loud enough to be heard through closed doors?
- Tired** Do you often feel tired, fatigued, or sleepy during the day?
- Observed** Has anyone observed you stop breathing during your sleep?
- Pressure** Do you have or are being treated for High Blood Pressure?

- BMI** Is your Body Mass Index more than 35?
- Age** Are you older than 50?
- Neck Size** Is your neck size greater than 16 inches?
- Gender** Are you male?

