

Attach patient sticker

**STOP**

Do you <u>S</u> nore loudly? (Loud enough to be heard through closed doors or loud enough to disturb your partner)	YES	NO
Do you often feel <u>T</u> ired, fatigued or sleepy during the daytime? (e.g. falling asleep while watching TV or reading a book)	YES	NO
Has anyone <u>O</u> bserved you stop breathing, choking or gasping while you were sleeping?	YES	NO
Do you have or are you being treated for high blood <u>P</u> ressure?	YES	NO

**BANG**

<u>B</u> MI: >35 kg/m <sup>2</sup> ? • Weight .....kg • Height .....m	YES	NO
<u>A</u> ge: >50 years?	YES	NO
<u>N</u> eck circumference • Male: >42 cm? • Female: >40 cm?	YES	NO
<u>G</u> ender: Male?	YES	NO

<b>TOTAL SCORE</b>	
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