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Options for referring
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PATIENT INFORMATION

Patients Name: _____
 Address: _____
 PH:(H) _____ PH:(C) _____
 PHN: _____ DOB: _____
 Email: _____

REFERRING PHYSICIAN

Name: _____
 Phone: _____
 Fax: _____
 Email: _____

Questionnaire to assess sleep apnea

If BMI is between 35 and 40, please complete the questionnaire in order to assess the risk of obstructive sleep apnea (OSA)

Risk Factors	Questions and Benchmarks	Identified Risks	
		Yes	No
Snoring	Do you snore loudly (loudly enough to be heard through closed doors or that your bed partner elbows you during the night for snoring?)	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue	Do you often feel tired, fatigued, or sleepy during the day?	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory stop	Has anyone noticed that you stop breathing or are choking/gasping for air during your sleep?	<input type="checkbox"/>	<input type="checkbox"/>
Blood pressure	Do you have or are you being treated for high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
BMI	Is your Body Mass Index higher than 35 kg/m ²	<input type="checkbox"/>	<input type="checkbox"/>
Age	Are you over 50 years of age?	<input type="checkbox"/>	<input type="checkbox"/>
Large neck size (measured around the Adam's apple)	For a man , is your shirt collar 43 cm/17 inches or larger? For a woman , is your shirt collar 41 cm/16 inches or larger?	<input type="checkbox"/>	<input type="checkbox"/>
Sex	Were you born a male?	<input type="checkbox"/>	<input type="checkbox"/>
Score			

Score Criteria:

Low risk of OSA: Yes to 0 to 2 questions

Intermediate risk of OSA: Yes to 3 to 4 questions

High Risk of OSA: Yes to 5 to questions

- or Yes to 2 or more of the first 4 questions + male gender
- or Yes to 2 or more of the first 4 questions + BMI > 35 kg/m²
- or Yes to 2 or more of the first 4 questions + neck circumference (43 cm/17 inches for men, 41 cm/16 inches for women)¹

¹Tool adapted by the Métropolitain de Chirurgie (2018) from STOP - Bang Method , University Health Network

Low Risk - Moderate/Intermediate or High Risk: Obtain Sleep Apnea Test -