Mountain
Sleep Diagnostics
Phone: (303) 396-5923 Fax: (303) 957-5414

STOP Questionnaire for Obstructive Sleep Apnea (OSA)

1. Snoring

Do you ***snore*** loudly (louder than talking or loud enough to be heard through a closed door)? YES NO

2. Tired

Do you often feel ***tired***, fatigued or sleepy during the day?
YES NO

3. Observed

Has anyone ***observed*** you stop breathing while your sleeping?
YES NO

4. Blood Pressure

Do you have or are you being treated for high blood pressure?
YES NO

5. Diabetes

Have you been diagnosed with Diabetes?
YES NO

HIGH RISK of OSA: Answering YES to 2 or more questions
LOW RISK of OSA: Answering YES to less than 2 questions

Adapted from: STOP Questionnaire, modified to add Diabetic Risk Group