



STOP

Validated Screening Tool to Assess Risk for Sleep Apnea

S=Snore

T=Tired

O=Observed stopped breathing

P= High Blood Pressure

Please answer the following 4 questions with a yes or no answer:

- 1) Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?
Yes ☐ No ☐
 - 2) Do you often feel tired, fatigued, or sleepy during daytime?
Yes ☐ No ☐
 - 3) Has anyone observed you stop breathing during your sleep?
Yes ☐ No ☐
 - 4) Do you have or are you being treated for high blood pressure?
Yes ☐ No ☐
-

High Risk of OSA: Yes to 2 or more questions

Total number of questions answered YES: ____ Is the patient at high risk for OSA? Yes ☐ No ☐