



0300001

PLACE LABEL HERE.  
IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

**UVA TOOL TO IDENTIFY PATIENTS AT RISK FOR OBSTRUCTIVE SLEEP APNEA\***

Have you been diagnosed with Sleep Apnea? \_\_\_\_\_

Do you use CPAP or BiPAP at home? \_\_\_\_\_ If so, what are the settings? \_\_\_\_\_

Do you use oxygen at home? \_\_\_\_\_ How much? \_\_\_\_\_

<b>Snore</b> Do you snore loudly (louder than talking or loud enough to be heard through closed doors?)	Y (1 point)	N (0 point)
<b>Tired</b> Do you often feel tired, fatigued or sleepy during daytime?	Y (1 point)	N (0 point)
<b>Observed Apnea</b> Has anyone observed you stop breathing during your sleep?	Y (1 point)	N (0 point)
<b>Blood Pressure (HTN)</b> Do you have or are you being treated for High Blood Pressure?	Y (1 point)	N (0 point)
<b>BMI &gt;35kg/m2</b> _____ BMI	Y (1 point)	N (0 point)
<b>Neck Circumference &gt;40 cm</b> _____ cm	Y (1 point)	N (0 point)
<b>Age &gt;50</b>	Y (0.5 point)	N (0 point)
<b>Gender - Male</b>	Y (0.5 point)	N (0 point)
<b>Total Score</b>  Scoring- Give points as indicated for every Yes answer. Add all points together. Total points of 3 or more correlates with a High risk of Obstructive Sleep Apnea. Total points of less than 3 correlates with a low risk of Obstructive Sleep apnea.	_____	
	A score of 0, 1 or 2 require no additional OSA precautions. For a score of 3 or greater: required hourly observation and documentation of O2 saturation, consider order for RT consult and CPAP.	

Comments:

Information from \_\_\_\_\_ Date \_\_\_\_\_  
Patient or Surrogate Name

Reviewed by \_\_\_\_\_ Date/Time \_\_\_\_\_  
Clinician Name/Signature/PIC

\*Adapted from: STOPBang Tool - Chung F, Yegnewswaran B, Liao P, Chung SA, Vairavanathan S, Islam S, Khajehdehi A, Shapiro CM: STOP questionnaire. A tool to screen patients for obstructive sleep apnea. Anesthesiology 108. 812-821.2008