

	Yes = 1	
Yes/No		<p>Snoring? Do you find that you snore very loudly?</p>
Yes/No		<p>Tired? Lorem ipsum dolor sit amet, consectetur adipiscing elit. Sed purrs neque.</p>
Yes/No		<p>Observed? Has anyone observed you stop breathing during your sleep?</p>
Yes/No		<p>Blood Pressure? Do you have or are you being treated for high blood pressure?</p>
Yes/No		<p>BMI? Are you obese/ very overweight – BMI more than 35 kg/m2?</p>
Yes/No		<p>Age? Are you over 50 years old?</p>
Yes/No		<p>Neck Thickness? Is your neck Circumference greater than 16 inches?</p>
Yes/No		<p>Gender Are you male?</p>
		<p>Your total</p> <p>0 – 2, then low risk of sleep apnea</p> <p>3 – 4 then you are at intermediate risk of having sleep apnea</p> <p>5 – 8 of the above, then you are at high risk of</p>