

SLEEP Sounder

Sleep Hygiene Checklist

Obstructive Sleep Apnea Screening

Timing

- wake-up time = same time everyday
- bedtime = same time every night

Do you Snore Loudly (loud enough to be heard through closed doors or your bed-partner elbows you for snoring at night)?

Before

- night-time ritual
- relaxation exercises
- stretching/yoga

Do you often feel Tired, Fatigued, or Sleepy during the daytime (such as falling asleep during driving or talking to someone)?

Has anyone Observed you Stop Breathing or Choking/Gasping during your sleep ?

Environment

- bedroom is dark
- bedroom is quiet
- bedroom is cool
- bed only used for sleeping or sex
- no screens in the bedroom
- no phone or computer within 2 hrs of bedtime
- no stressful conversations in bed
- bed is really comfortable
- pillow is really comfortable
- sheets are really comfortable

Do you have high blood pressure, or are you being treated for high blood pressure?

Is your BMI (Body Mass Index) greater than 35 kg/m²?

Are you older than 50 years?

Is your neck size (shirt collar - measured around Adams apple) greater than 16 inches / 40cm?

Daytime

- exercise during the day
- no exercise within 3 hours of bedtime
- time outside in real daylight
- no napping
- fully hydrated during the day

Are you male?

TOTAL

For general population

OSA - Low Risk : Yes to 0 - 2 questions

OSA - Intermediate Risk : Yes to 3 - 4 questions

OSA - High Risk : Yes to 5 - 8 questions

or Yes to 2 or more of 4 STOP questions + male gender

or Yes to 2 or more of 4 STOP questions + BMI > 35kg/m²

or Yes to 2 or more of 4 STOP questions + neck circumference 16 inches / 40cm

Food/Drink

- no heavy evening meals
- no eating within 2 hours of bedtime
- minimal water within an hour of bedtime
- no caffeine after 1 PM
- minimal alcohol

Form University Health Network.

Modified from

Chung F et al. Anesthesiology 2008; 108: 812-821,

Chung F et al Br J Anaesth 2012; 108: 768-775,

Chung F et al J Clin Sleep Med Sept 2014.