

# SLEEP Sounder

## Sleep Hygiene Checklist

## Obstructive Sleep Apnea Screening

Timing	<input type="checkbox"/> wake-up time = same time everyday	<input type="checkbox"/>
	<input type="checkbox"/> bedtime = same time every night	
Before	<input type="checkbox"/> night-time ritual	<input type="checkbox"/>
	<input type="checkbox"/> relaxation exercises	
	<input type="checkbox"/> stretching/yoga	
Environment	<input type="checkbox"/> bedroom is dark	<input type="checkbox"/>
	<input type="checkbox"/> bedroom is quiet	
	<input type="checkbox"/> bedroom is cool	
	<input type="checkbox"/> bed only used for sleeping or sex	
	<input type="checkbox"/> no screens in the bedroom	
	<input type="checkbox"/> no phone or computer within 2 hrs of bedtime	
	<input type="checkbox"/> no stressful conversations in bed	
	<input type="checkbox"/> bed is really comfortable	
	<input type="checkbox"/> pillow is really comfortable	
	<input type="checkbox"/> sheets are really comfortable	
Daytime	<input type="checkbox"/> exercise during the day	<input type="checkbox"/>
	<input type="checkbox"/> no exercise within 3 hours of bedtime	
	<input type="checkbox"/> time outside in real daylight	
	<input type="checkbox"/> no napping	
	<input type="checkbox"/> fully hydrated during the day	
Food/Drink	<input type="checkbox"/> no heavy evening meals	<input type="checkbox"/>
	<input type="checkbox"/> no eating within 2 hours of bedtime	
	<input type="checkbox"/> minimal water within an hour of bedtime	
	<input type="checkbox"/> no caffeine after 1 PM	
	<input type="checkbox"/> minimal alcohol	
<b>TOTAL</b>		<input type="checkbox"/>

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

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 ?

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/m<sup>2</sup>?

Are you older than 50 years?

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

Are you male?

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

**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.