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## **OSA Screener Criteria**

### **Medical History**

1. Drug-Resistant Hypertension \_\_\_\_\_
2. Atrial Fibrillation \_\_\_\_\_
3. BMI>30 \_\_\_\_\_

### **Subjective History**

- |                            |                            |
|----------------------------|----------------------------|
| 1. Daytime Fatigue _____   | 5. Witnessed Apnea _____   |
| 2. Grinding/Bruxism _____  | 6. Witnessed Snoring _____ |
| 3. Restless Legs _____     | 7. Nasal Issues _____      |
| 4. Morning Headaches _____ | 8. Breathing Issues _____  |

### **Clinical Exam**

1. Class III or IV Mallampati \_\_\_\_\_
2. Grade III or IV Tonsils \_\_\_\_\_
3. Vaulted Palate \_\_\_\_\_
4. Limited Tongue Space (Large Tongue/ Small Arches) \_\_\_\_\_
5. Scalloped Tongue \_\_\_\_\_
6. Occlusal Wear \_\_\_\_\_
7. Deviated Septum/ Facial Asymmetry \_\_\_\_\_

