



**Pulmonary & Sleep Medicine Associates, LLP
Center for Sleep Disorders**

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Name _____
DOB _____

STOP-BANG Sleep Apnea Questionnaire

Chung F et al Anesthesiology 2008 and BJA 2012

| STOP | | |
|---|-----|----|
| Do you SNORE loudly (louder than talking or loud enough to be heard through closed doors)? | Yes | No |
| Do you often feel TIRED , fatigued, or sleepy during daytime? | Yes | No |
| Has anyone OBSERVED you stop breathing during your sleep? | Yes | No |
| Do you have or are you being treated for high blood PRESSURE ? | Yes | No |

| BANG | | |
|---|-----|----|
| BMI more than 35kg/m ² ? | Yes | No |
| AGE over 50 years old? | Yes | No |
| NECK circumference > 16 inches (40cm)? | Yes | No |
| GENDER : Male? | Yes | No |

| TOTAL SCORE | | |
|--------------------|--|--|
| | | |

High risk of OSA: Yes 5 - 8

Intermediate risk of OSA: Yes 3 - 4

Low risk of OSA: Yes 0 - 2