

## OHIOSLEEP MEDICINE INSTITUTE CENTER OF SLEEP MEDICINE EXCELLENCE THE

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Name		
Height	Weight	
Age	Male / Female	

## **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 <b>OBSERVED</b> you stop breathing during your sleep?	Yes	No
Do you have or are you being treated for high blood <b>PRESSURE</b> ?	Yes	No

BANG		
BMI more than 35kg/m2?	Yes	No
AGE over 50 years old?	Yes	No
NECK circumference > 16 inches (40cm)?	Yes	No
GENDER: Male?	Yes	No

TOTAL SCORE		
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High risk of OSA: Yes 5 - 8

**Intermediate risk of OSA: Yes 3 - 4** 

Low risk of OSA: Yes 0 - 2

