SLEEP DISORDER CENTER

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111 Bailey Drive Suite 2 Niceville, FL 32578
8734 Ortega Park Drive Navarre, FL 32566
151 Mary Esther Blvd. Mary Esther, FL 32569
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STOP-BANG Sleep Apnea Questionnaire

Chung F et al Anesthesiology 2008 and BJA 2012

Patient Name: _____ **Date:** _____

STOP		
Do you **S**NORE loudly (louder than talking or loud enough to be heard through closed doors)?	Yes ☐	No ☐
Do you often feel **T**IRED, fatigued, or sleepy during daytime?	Yes ☐	No ☐
Has anyone **O**BSERVED you stop breathing during your sleep?	Yes ☐	No ☐
Do you have or are you being treated for high blood **P**RESSURE?	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	0	0

High risk of OSA: Yes 5 - 8

Intermediate risk of OSA: Yes 3 - 4

Low risk of OSA: Yes 0 - 2