SLEEP DISORDER CENTER

502 East Pine Ave Crestview, FL 32539
111 Bailey Drive Suite 2 Niceville, FL 32578
151 Mary Esther Blvd, Suite 203 Mary Esther, FL 32569
(850) 689-5496 ● (850) 243-4456 ● (850) 279-4442 ● Fax: (850) 689-5497

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	Choose One

High Risk of OSA: Yes 5 - 8

Intermediate Risk of OSA: Yes 3 - 4

Low Risk of OSA: Yes 0 - 2