



2228 NW Pettygrove St, Suite 150

Portland, Oregon 97210

Tel: 503-288-5201

Fax: 503-288-0151

Email: info@oregonsleepassociates.com

www.OregonSleepAssociates.com

## STOP-BANG Sleep Apnea Questionnaire

Chung F et al Anesthesiology 2008 and BJA 2012

Name \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Age \_\_\_\_\_ Gender at Birth  M  F

<b>STOP</b>		
Do you <b>SNORE</b> loudly (louder than talking or loud enough to be heard through closed doors)?	Yes	No
Do you often feel <b>TIRED</b> , 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

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

<b>TOTAL SCORE</b> <i>Add yes column only</i>	
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High risk of OSA: 5 - 8

Intermediate risk of OSA: 3 - 4

Low risk of OSA: 0 - 2

BETTER SLEEP FOR BETTER HEALTH