



PULMONARY, CRITICAL CARE, ALLERGY, IMMUNOLOGY, INFECTIOUS DISEASE AND SLEEP MEDICINE ASSOCIATES

Leaders in outcomes oriented, evidence based, compassionate, cost effective care

Name-	PMA #
Height-	Weight-
Age-	Date-

STOP-BANG Sleep Apnea Questionnaire

STOP		
Do you SNORE loudly (louder than talking or 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

-----STOP HERE-----

BANG		
BMI more than 35kg/m ² ?	YES	NO
AGE over 50 years old?	YES	NO
Neck circumference > 16 inches (40 CM)?	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