



STOP-BANG Questionnaire

What is Obstructive Sleep Apnea (OSA)?

When your breathing stops or slows down while you are sleeping, this is known as obstructive sleep apnea (OSA). If you snore loudly or gasp for air when you sleep, or you are always tired, you may have OSA.

Complete the questionnaire below to aid your provider in determining your risk of OSA.

PATIENT INFORMATION

Name: _____ Date of Birth: _____

Male/Female: _____ Age: _____

Height: _____ Weight (pounds): _____ BMI: _____

Neck or collar size (we can measure if not known): _____

STOP-BANG QUESTIONS

	YES	NO
Do you SNORE loudly (i.e., louder than talking or loud enough to be heard through closed doors)?		
Do you often feel TIRED , fatigued, or sleepy during the day?		
Has anyone observed you STOP BREATHING or CHOKING/GASPING during your sleep?		
Do you have or are you being treated for HIGH BLOOD PRESSURE ?		
BMI more than 35?		
Are you more than 50 YEARS OF AGE ?		
Is your NECK 17 inches or greater for MEN (16 inches or greater for WOMEN)?		
MALE gender?		

We will be more than happy to help you determine your measurements during your office visit.