A-S-N

Advanced Sleep & Neurodiagnostics of **MMG**

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Name		
Height	Weight	
Age	Male / Female	

STOP-BANG Sleep Apnea Questionnaire

STOP				
Do you SNORE loudly (louder than talking or loud 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 P RESSURE?	Yes	No		

BANG				
B MI 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		
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High risk of OSA: Yes 5 - 8

Intermediate risk of OSA: Yes 3 - 4

Low risk of OSA: Yes 0 - 2