



400 Village Center Drive Suite 100, North Oaks MN 55341 651-288-3111

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 the 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

BANG		
BMI more than 35kg/m ² ?	Yes	No
Age over 50 years old?	Yes	No
NECK circumference greater than 16 inches(40cm)?	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