

## Stop-Bang Sleep Apnea Score

Name: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_

### 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  
(Dx: R40.0 Somnolence; G47.10 Hypersomnia; G47.19 Other Hypersomnia)

Has anyone **OBSERVED** you stop breathing during your sleep?  Yes  No  
(Dx: G47.30 Sleep Apnea; G47.33 OSA)

Do you have or are you being treated for high blood **PRESSURE**?  Yes  No

### BANG

**BMI** more than 35kg/m<sup>2</sup>?  Yes  No

**AGE** over 50 years old?  Yes  No

**NECK** circumference > 16 inches (40cm)?  Yes  No

**GENDER:** Male?  Yes  No

**High Risk of OSA: 5-8**

**Intermediate Risk of OSA: 3-4**

**Low Risk of OSA: 0-2**