Screening for OBSTRUCTIVE SLEEP APNEA
STOP BANG Questionnaire

Patient Name: ________________________________ Date of Birth: ____________________

*****Have you been previously diagnosed with Sleep Apnea?***
If yes, you do not need to fill out this form**

This short questionnaire will help your physician to assess your risk for possible sleep apnea. Sleep apnea is a condition where your breathing may pause of stop for a time while you are sleeping. Sleep apnea may put you at an increase risk for breathing problems after surgery. If you are at risk, your physician may send you to a sleep specialist prior to surgery to further evaluate your risk for sleep apnea

Answer the following questions to find out if you are at risk for Obstructive Sleep Apnea:

STOP

S (snore) Have you been told that you snore? YES ❒ NO ❒

T (tired) Are you often tired during the day? YES ❒ NO ❒

O (obstruction) Do you know if you stop breathing or has anyone witnessed you stop breathing while you are asleep? YES ❒ NO ❒

P (pressure) Do you have high blood pressure or on medication to control high blood pressure? YES ❒ NO ❒

*If you answered **YES** to two or more questions on the STOP portion you are at risk for Obstructive Sleep Apnea. It is recommended that you contact your primary care provider to discuss a possible sleep disorder.*
To find out if you are at moderate to severe risk of Obstructive Sleep Apnea, complete the BANG questions below.

BANG

B (BMI) Is your body mass index greater than 28? YES ❒ NO ❒

A (age) Are you 50 years old or older? YES ❒ NO ❒

N (neck) Are you a male with a neck circumference greater than 17 inches, or a female with a neck circumference greater than 16 inches. YES ❒ NO ❒

G (gender) Are you a male? YES ❒ NO ❒

*The more questions you answer **YES** to on the BANG portion, the greater your risk of having moderate to severe Obstructive Sleep Apnea.*

Chung F. (2008). STOP Questionnaire: A Tool to Screen Patients for Obstructive Sleep Apnea. *The American Society of Anesthesiologists, Inc.* 108:812-21.