



TEXAS SINUS, ALLERGY, SNORING & SLEEP INSTITUTE

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Name: _____

Today's Date: _____

Date of Birth: _____

Sex: Male/ Female

STOP BANG Sleep Apnea Questionnaire

(Chung et al. Anesthesiology, 2008 and BIA 2012)

Score '1' for Yes and '0' for No

STOP			SCORE
Do you SNORE loudly (louder than talking or loud enough to beheard through closed doors)?	Yes (1)	No (0)	_____
Do you often feel TIRED , fatigued, or fall asleep during the daytime?	Yes (1)	No (0)	_____
Has anyone OBSERVED you stop breathing during sleep?	Yes (1)	No (0)	_____
Do you have or are you being treated for high blood pressure?	Yes (1)	No (0)	_____
BANG			
BMI more than 35kg/m ² ?	Yes (1)	No (0)	_____
Age over 50 years old?	Yes (1)	No (0)	_____
NECK circumference >16" (40cm)?	Yes (1)	No (0)	_____
Gender: Male?	Yes (1)	No (0)	_____
TOTAL SCORE			_____

High risk of OSA: Score 5-8; Moderate risk of OSA: Score: 3-4; Low risk of OSA: Score 0-2