



Beaumont

PERIODONTICS

STOP – BANG

The purpose of the STOP-BANG questionnaire is to determine “high” or “low” risk for obstructive sleep apnea.

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|--------------------|--|---|---|
| 1. Snore | Do you snore loudly? | Y | N |
| 2. Tired | Do you feel tired, fatigued or sleepy during daytime? | Y | N |
| 3. Obstruct | Has anyone observed you stop breathing during sleep | Y | N |
| 4. Pressure | Do you have or are you being treated for HBP | Y | N |
| 5. BMI | Is your body mass index greater than 28? | Y | N |
| 6. Age | Are you 50 years or older | Y | N |
| 7. Neck | Male – circumference more than 17 inches
Female – circumference more than 16 inches | Y | N |
| 8. Gender | Are you a male | Y | N |

Total number of Yes: _____

High risk of OSA: Yes 5-8
Inter risk of OSA: Yes 3-4
Low risk of OSA: Yes 0-2