



## STOP BANG

Screening for:  
**OBSTRUCTIVE SLEEP APNEA**

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

### STOP

<b>S</b> (snore)	Have you been told that you snore?	YES / NO
<b>T</b> (tired)	Are you often tired during the day?	YES / NO
<b>O</b> (obstruction)	Do you know if you stop breathing or has anyone witnessed you stop breathing while you are asleep?	YES / NO
<b>P</b> (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 or severe risk of Obstructive Sleep Apnea, Complete the BANG questions below.

### BANG

<b>B</b> (BMI)	Is your body mass index greater than 28?	YES / NO
<b>A</b> (age)	Are you 50 years old or older?	YES / NO
<b>N</b> (neck)	Are you a male with a neck circumference greater than 17 inches, or a female with neck circumference greater than 16 inches?	YES / NO
<b>G</b> (gender)	Are you 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.



# Epworth Sleepiness Scale

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

Date: \_\_\_\_\_

Age: \_\_\_\_\_

Your sex:    Male  Female

*How likely are you to doze off or fall asleep in the situations described below, in contrast to feeling just tired?*

This refers to your usual way of life in recent times.

Even if you haven't done some of these things recently try to work out how they would have affected you.

Use the following scale to choose the most appropriate number for each situation:

0 = would never doze

1 = Slight chance of dozing

2 = Moderate chance of dozing

3 = High chance of dozing

**Situation**

**Chance of dozing**

Sitting and reading .....	<input type="text"/>
Watching TV .....	<input type="text"/>
Sitting, inactive in a public place (e.g. a theatre or a meeting) .....	<input type="text"/>
As a passenger in a car for an hour without a break .....	<input type="text"/>
Lying down to rest in the afternoon when circumstances permit.....	<input type="text"/>
Sitting and talking to someone.....	<input type="text"/>
Sitting quietly after a lunch without alcohol .....	<input type="text"/>
In a car, while stopped for a few minutes in the traffic .....	<input type="text"/>
Total .....	<input type="text"/>

Score:
0-10    Normal range
10-12    Borderline
12-24    Abnormal