Suite #299, 10150 Jasper Ave, Edmonton, AB T5J 1W4
Phone: 780-422-3377 Fax#780-423-2407
Dr. Simi Soin BSc. DDS

Name:_____

Height: _____ Weight:_____

Age:_____ Male/Female:_____

STOP-BANG Sleep Apnea Questionnaire

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 the daytime?	YES	NO
Has anyone OBSERVED you stop breathing during your sleep?	YES	NO
Do you have or are you being treated for high blood PRESSURE?	YES	N0

BANG		
BMI more than 3.5 kg/m2?	YES	NO
Over 50 years old?	YES	NO
NECK circumference > 16 inches (40cm)?	YES	N0
GENDER: Male?	YES	NO

TOTAL SCORE		

High risk of OSA: Yes 5 – 8
Intermediate risk of OSA: Yes 3-4
Low Risk of OSA: Yes 0-2