



## Sleep Apnea Screening

### Stop-Bang Questionnaire | Is it possible that you have Obstructive Sleep Apnea (OSA)?

Please answer the following questions below to determine if you might be at risk and share this assessment with your physician.

Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Snoring?</b> Do you <b>snore loudly</b> (loud enough to be heard through closed doors or your bed-partner elbows you for snoring at night)?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Tired?</b> Do you often feel <b>tired, fatigued, or sleepy</b> during the daytime, such as falling asleep during driving or talking to someone?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Observed?</b> Has anyone <b>observed</b> you <b>stop breathing</b> or <b>choking/gasping</b> during your sleep?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>High Blood Pressure?</b> Do you have or are you being treated for <b>High Blood Pressure</b> ?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Body Mass Index</b> more than 35 kg/m <sup>2</sup> ? Body mass index can be calculated with these steps: <ul style="list-style-type: none"><li>• Multiply your weight in pounds by 703.</li><li>• Divide that answer by your height in inches (there are 12 inches in 1 foot).</li><li>• Divide that answer by your height in inches again</li></ul>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you <b>age 50 or older</b> ?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Neck size?</b> Is your shirt collar or neck measurement 16 inches (40cm) or larger?
Male <input type="checkbox"/>	Female <input type="checkbox"/>	What is your <b>gender</b> ?