

SLEEP APNEA QUIZ

Stop Bang Patient Questionnaire

Please answer the questions below to help us see if you might have sleep apnea. This is when your breathing pauses sometimes while you are sleeping. Sleep apnea adds risk with pain medicines. It can increase your risk for breathing problems after surgery. Your answers will tell us if we need to take special steps for your safety while in the hospital. In general, scores of less than three yes answers indicate low-risk for sleep apnea. Your provider will discuss your individual score with you and may ask you to see a sleep physician before any surgery.

Please do not refresh the page or click the back button while filling the form

S(snore)

Do you snore loudly?

Yes

No

T(tired)

Do you feel fatigued during the day?

Do you wake up feeling like you haven't slept?

Yes

No

O(observed)

Have you been told you stop breathing at night?

Do you gasp for air or choke while sleeping?

Yes

No

P(pressure)

Do you have high blood pressure or are on medication to control high blood pressure?

Yes

No

B(BMI)

Is your body mass index greater than 35?

Yes

No

A(age)

Are you 50 years old or older?

Yes

No

N(neck)

Are you a male with neck circumference greater than 17inches, or a female with neck circumference greater than 16inches?

Yes

No

G(gender)

Are you a male?

Yes

No

TOTAL SCORE:

SCORE: The more questions you checked YES to on the BANG portion the greater your risk of having moderate to severe OSA. A Score of 3 or more suggests high risk of OSA

