## **STOP-BANG Sleep Apnea Questionnaire**

eight:	Weight:	Age:	Sex: N	∕lale ☐ Fe	male
	1	PATIENT RES	PONSES		
		STOP		YES	NO
	RE loudly (louder to be heard through	_			
Do you ofter	n feel <b>TIRED</b> , fatigu	ed, or sleepy in the	e daytime?		
Has anyone	<b>OBSERVED</b> you st	op breathing durin	g your sleep?		
Do you have	-or are you being tr	reated for high bloo	od PRESSURE?		
				1	· · · · · · · · · · · · · · · · · · ·
			TOTAL		
			TOTAL		
	DO	OTODIC OFFI			
			TOTAL  CE USE ONLY	VEO	
PMI higher	E	CTOR'S OFFICE		YES	NO
<b>BMI</b> higher t				YES	NO
	Ethan 35kg/m2?			YES	NO
AGE over 50	Ethan 35kg/m2?	BANG	CE USE ONLY	YES	NO
AGE over 50	than 35kg/m2? years old? mference greater th	BANG	CE USE ONLY	YES	NO
AGE over 50	than 35kg/m2? years old? mference greater th	BANG	CE USE ONLY	YES	NO