



Klamath Pulmonary & Critical Care Medicine

Klamath Sleep Medicine Center

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Name: _____

Height: _____

Weight: _____

Age: _____

STOP-BANG Sleep Apnea Questionnaire

STOP	YES	NO
Do you SNORE loudly (louder than talking or loud enough to be heard through closed doors)?		
Do you often feel TIRED , fatigued, or sleepy during the daytime?		
Has anyone OBSERVED you stop breathing during your sleep?		
Do you have or are you being treated for high blood PRESSURE ?		

BANG	YES	NO
BMI : more than 35 kg/m ² ?		
AGE : over 50 years old?		
NECK : circumference > 16 in (40 cm)		
GENDER : MALE		

Total Score		
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High risk of OSA: **Yes**
5-8
Intermediate risk of OSA: **3-4**
Low risk of OSA: **0-2**