

## The STOP BANG Questionnaire

A Tool to screen patients for Obstructive Sleep Apnea (OSA)

1. S (Snoring): Do you snore loudly? Yes  No
2. T (Tired): Do you often feel tired or Sleepy? Yes  No
3. O (Observed): Has anyone observed you stop breathing during your sleep? Yes  No
4. P (Blood Pressure): Do you have or are you being treated for High Blood Pressure? Yes  No
5. B (BMI): Body Mass Index > 35kg/m<sup>2</sup> Yes  No
6. A (Age): Age over 50 years old? Yes  No
7. N(Neck): Neck Circumference >16 inches? Yes  No
8. G (Gender): Gender Male? Yes  No

*HIGH Risk for OSA: Answering YES to 3 or more items.  
Evaluation by a sleep specialist may be warranted.*



*At Dassani Dentistry*

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## EPWORTH SLEEPINESS SCALE

- 0 = would NEVER doze
- 1 = SLIGHT chance of dozing
- 2 = MODERATE chance of dozing
- 3 = HIGH chance of dozing

SITUATION	CHANCE OF DOZING
Sitting and Reading	
Watching Television	
Sitting inactive in a public place (e.g. a theater or meeting)	
As a passenger in a car for an hour without break	
Lying down to rest in the afternoon when circumstances permit	
Sitting and talking to someone	
Sitting quietly after a lunch without alcohol	
In a car, when stopped for a few minutes in traffic	
<b>TOTAL SCORE</b>	

## SCORE RESULTS

- 1-6 Congratulations! You are getting enough sleep
- 7-8 Your score is average
- 9+ Very sleepy and should seek sleep assistance



Schedule Your FREE Sleep Consultation Today! **281.488.4617**

*\*Offer valid for sleep consultation only*