

The **STOP BANG** Questionnaire

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

1. S (Snoring): Do you snore loudly?
2. T (Tired): Do you often feel tired or Sleepy?
3. O (Observed): Has anyone observed you stop breathing during your sleep?
4. P (Blood Pressure): Do you have or are you being treated for High Blood Pressure?
5. B (BMI): Body Mass Index > 35kg/m²
6. A (Age): Age over 50 years old?
7. N(Neck): Neck Circumference >16 inches?
8. G (Gender): Gender Male?

*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	
TOTAL SCORE	

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!

**Offer valid for sleep consultation only*