Wake Dental Sleep Dental Solutions

Jennifer Q. Le, DMD, D-ABDSM, CPCC, ACC

American Academy of Dental Sleep Medicine

Dental Sleep Medicine Accredited Facility

STOP-BANG Sleep Apnea Questionnaire

Name: _____ Age: _____

Height: _____ Weight:_____ Gender: _____

STOP		
Do you **S**NORE loudly (louder than talking or loud enough to be heard through closed doors)?	Yes	No
Do you often feel **T**IRED, fatigued, or sleepy during daytime?	Yes	No
Has anyone **O**BSERVED you stop breathing during your sleep?	Yes	No
Do you have or are you being treated for high blood **P**RESSURE?	Yes	No

BANG		
BMI more than 35kg/m^2?	Yes	No
AGE over 50 years old?	Yes	No
NECK circumference > 16 inches (40 cm)	Yes	No
GENDER: Male?	Yes	No

TOTAL SCORE		

5 - 8: High risk of OSA
3 - 4: Intermediate risk of OSA
0 - 2: Low risk of OSA

2810-115 Wakefield Pines Drive, Raleigh, NC 27614 • Phone (919) 488-0111 • Fax (919) 488-0104 • Info@WakeDentalSleep.com