

**CHEST PHYSICIAN CONSULTANTS, LTD**  
Pulmonary Medicine • Critical Care Medicine • Sleep Medicine

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Name: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Age: \_\_\_\_\_ Male/Female: \_\_\_\_\_

## STOP-BANG Sleep Apnea Questionnaire

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

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

<b>Total Score</b>		

**High risk of OSA: Yes 5-8**

**Intermediate risk of OSA: Yes 3-4**

**Low risk of OSA: Yes 0-2**