



VIRGINIA HEART

Sleep Center

***All patients should complete this form *ANNUALLY*. ***

Patient: _____ DOB: ____ / ____ / ____ Date: ____ / ____ / ____

Sleep disorders such as obstructive sleep apnea (OSA) have been linked to heart conditions such as high blood pressure, arrhythmia and heart disease. In an effort to promote global cardiovascular health, we are committed to identifying patients with sleep disorders. The following STOP-BANG questionnaire is a validated* tool to help us identify underlying OSA.

STOP Questionnaire

- 1. **Snorng**
Do you snore loudly (louder than talking or loud enough to be heard through closed doors)? Yes No
- 2. **Tired**
Do you often feel tired, fatigued, or sleepy during the daytime? Yes No
- 3. **Observed**
Has anyone observed you stop breathing during your sleep? Yes No
- 4. **Pressure**
Do you have or are you being treated for high blood pressure? (Can be answered by your clinician) Yes No

BANG Questionnaire

(Can be answered by your clinician)

- 1. **Body Mass Index (BMI) over 30?** Yes No
- 2. **Age over 50 years old?** Yes No
- 3. **Neck circumference >16 inches (40cm)?** Yes No
- 4. **Gender: Male?** Yes No

TOTAL SCORE (yes responses): _____

| <u>Total Score</u> | <u>Risk for Mod / Severe OSA</u> |
|--------------------|----------------------------------|
| 0-2 | Low risk of OSA |
| 3-4 | Intermediate risk of OSA |
| 5-8 | Increased risk of OSA |

*Modified from: Nagappa, Chung et al. Validation of the STOP- BANG questionnaire as a screening tool for obstructive sleep apnea among different populations: a systematic review and meta-analysis. J Clin Slp Med; 2015: 10:951-8