



All cardiology patients should review this form ANNUALLY.

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

Sleep disorders such as obstructive sleep apnea (OSA) have been linked to a number of cardiovascular conditions. 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.

Have you previously been diagnosed with Obstructive Sleep Apnea (OSA)?
[] YES, please stop here and hand to our clinical team.
[] NO, please proceed to the questions below.

STOP Questionnaire

- 1. Snoring 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): _____

Table with 2 columns: Total Score, Risk for Mod / Severe OSA. Rows: 0-2 Low risk of OSA, 3-4 Moderate 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