

NAME _____

DATE _____



At Risk Quiz

Stop Bang Test - How many of the 8 key signs of sleep apnea do you have.

Take this quick questionnaire to see if you have increased likeliness to have sleep apnea:

S Snoring - have you been told that you snore?

Yes No

T Tired - Do you often feel tired, fatigued, or sleepy during daytime?

Yes No

O Observed - Do you know if you stop breathing or has anyone witnessed you stop breathing while you are asleep?

Yes No

P Pressure - Do you have high blood pressure or are you on medication to control high blood pressure?

Yes No

B BMI - Is your body mass index greater than 28?

Yes No

HEIGHT: _____ feet _____ inches

WEIGHT: _____ pounds

A Age - Are you over 50 years old?

Yes No

N Neck Circumference - Are you a male with a neck circumference greater than 17 inches? Or a female with a neck circumference greater 16 inches?

Yes No

G Gender - Are you a male?

Yes No