

Obstructive Sleep Apnea Screening

Answer the following STOP questions to find out if you are at risk for Obstructive Sleep Apnea (OSA).

STOP

S (snore) Have you been told that you snore?YES / NO

T (tired) Are you often tired during the day?.....YES / NO

O (obstruction) 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

If you answered YES to two or more questions on the STOP portion, you are at risk for OSA. It is recommended that you contact a sleep specialist to discuss a possible sleep disorder.

To find out if you are at moderate to severe risk of OSA, complete the BANG questions below.

BANG

B (BMI) Is your body mass index greater than 28?YES / NO

A (age) Are you 50 years old or older?.....YES / NO

N (neck) Are you a male with a neck circumference greater than 17 inches, or a female with a neck circumference greater than 16 inches?.....YES / NO

G (gender) Are you a male?YES / NO

The more questions you answer YES to on the BANG portion, the greater your risk of having moderate to severe OSA.

Sleep apnea can be life threatening and needs to be taken seriously. Untreated, it can cause high blood pressure, cardiovascular disease, weight gain, headaches and impotency. It may also be responsible for motor-vehicle crashes and job impairment. Fortunately, it can be diagnosed and treated. If your screening result indicates potential problems, contact Parkway SleepHealth Centers to discuss your options.



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