

The STOP-Bang questionnaire is a validated screening tool with a high sensitivity. It is designed to identify risks that increase the likelihood of having or developing sleep apnea, though it is not predictive of other sleep disorders. Please answer the questions below and refer to the scoring guidelines for details specific to your score.

STOP BANG QUESTIONNAIRE	Yes	No
Do you snore loudly?	<input type="checkbox"/>	<input type="checkbox"/>
Do you often feel tired, fatigued or sleep during the day?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone observed you stop breathing during your sleep?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have or are you being treated for high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Are you obese or very overweight – BMI > 35 kg/m ² ?	<input type="checkbox"/>	<input type="checkbox"/>
Are you 50 years of age or better?	<input type="checkbox"/>	<input type="checkbox"/>
Is your neck circumference > 16 inches (female) 17 inches (male)?	<input type="checkbox"/>	<input type="checkbox"/>
Are you male?	<input type="checkbox"/>	<input type="checkbox"/>
<p>SCORING:</p> <p>High Risk for Sleep Apnea a score of 5 or greater. Moderate Risk for Sleep Apnea a score of 3-4. Low Risk for Sleep Apnea a score of 0-2.</p> <p><i>If you have a moderate to high score and/or you have concerns about your sleep or having possible sleep apnea, a consultation with our provider can help you identify the best course of action. Call our office at 360-998-3232 to schedule an appointment.</i></p>		



The ESS measures a person’s general level of daytime sleepiness, or their average sleep propensity in daily life (ASP). This tool is helpful in allowing sleep providers to identify daytime sleepiness, tiredness and fatigue.

EPWORTH SLEEPINESS SCALE					
<i>Please rate your likelihood to doze off in the following situations:</i>		Never	Slight	Moderate	High
1.	Being a passenger in a motor vehicle for an hour or more	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
2.	Sitting and talking to someone	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
3.	Sitting and reading	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
4.	Watching Television	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
5.	Sitting inactive in a public place	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
6.	Lying down to rest in the afternoon	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
7.	Sitting quietly after lunch, without alcohol	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
8.	In a car, while stopped for a few minutes in traffic	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Sum of all numbers checked above = Total Score:					/24

A person’s candid answers to these questions, will help to identify a person’s average sleep propensity. If you have a score of 8 or more that is significant! Additional information and a consultation would be recommended to identify if the average sleep propensity could be improved, thus improving the quality of life!

Please contact our office to schedule an appointment at **360-998-3232**.