

STOP-BANG Questionnaire

What Is Obstructive Sleep Apnea (OSA)?

It is when your breathing stops or slows down while you are sleeping.

If you snore loudly or gasp for air when you sleep, or you are always tired, you may have OSA.

OSA is often present with other diseases. If OSA is overlooked, it could be bad for your health.

- 43 million Americans currently have OSA

Complete the questionnaire below to know if you are at risk of OSA.

Patient Information			
Name:		DOB: / /	
Insurance:	Policy#:	Group#:	
Address:		City:	State: Zip:
Cell Phone#:	Alt. Phone#:	Email:	
Male/Female (M/F):		Age (years):	
Height: _____ Feet _____ Inches		Body mass index ([BMI] see reverse side):	
Weight (pounds):		Neck or collar size (in inches; office staff can measure):	

STOP-BANG	YES	NO
Do you SNORE loudly (ie, louder than talking or loud enough to be heard through closed doors)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you often feel TIRED , fatigued, or sleepy during the day?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone OBSERVED that you have stopped breathing while sleeping?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have or are you being treated for high blood PRESSURE ?	<input type="checkbox"/>	<input type="checkbox"/>
BMI more than 35 kg/m ² ?	<input type="checkbox"/>	<input type="checkbox"/>
Are you more than 50 years of AGE ?	<input type="checkbox"/>	<input type="checkbox"/>
Is your NECK 17 inches or greater for men (16 inches for women)?	<input type="checkbox"/>	<input type="checkbox"/>
Male GENDER ?	<input type="checkbox"/>	<input type="checkbox"/>

YES to 3 or more questions means you are at high risk.

"YES" Total _____

Home sleep study; unattended Type III (G47.33 to be used to rule out OSA, unless stated differently. If other, please specify): _____

Baseline (up to three-night home sleep test will be administered based upon ordering provider or payer)

Follow Up / Assessment of oral appliance efficacy

Dr. Signature: _____ **Date:** _____

I certify that above home sleep test is medically indicated and is reasonable and necessary with reference to the standards of medical practice and treatment of this patient's condition.

Code: SF

E Dental

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