

BANG - Questionnaire (Sleep Apnea Screening)

STOP (Please check the appropriate box)	Yes	No
Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?		
Do you often feel tired, fatigued, or sleepy during daytime?		
Has anyone observed you stop breathing during your sleep?		
Do you have, or are you being treated for, high blood pressure?		

BANG (Please check the appropriate box)	Yes	No
BMI more than 35 kg/m ² ?		
Age over 50 years old?		
Neck circumference > 16 inches (40 cm)?		
Gender: Male?		

Risk of OSA (Please check the appropriate box)	Criteria	
High risk	5–8 “Yes” answers	
Intermediate risk	3–4 “Yes” answers	
Low risk	0–2 “Yes” answers	