SLEEP & LIVE WELL DIAGNOSTIC CENTER

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AMERICAN ACADEMY OF SLEEP MEDICINE — WAKE SLEEP
ACCREDITED MEMBER CENTER

43650 Garfield ● Clinton Township, MI 48038 ● Phone (586) 263-0820 ● Fax (586) 263-3819 ● www.sleepandlivewell.com

Patient Name _____ Phone _____ ID # _____

Referring Physician _____ Phone _____ Date _____/_____/_____

*By signing below, I authorize Sleep & Live Well Diagnostic Center staff and Martha A. Frankowski, M.D. to contact me regarding the disclosed health information.

Patient Signature _____

STOP BANG
Screening for Obstructive Sleep Apnea (OSA)

Answer the following 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 in sleep?	☐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 2 or more questions on the STOP portion, you are at risk for Obstructive Sleep Apnea (OSA). It is recommended that you contact your primary care provider or our office to discuss a possible sleep disorder.

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

BANG

B (BMI)	Is your body mass index (BMI) > than 30?	☐YES	☐NO
A (age)	Are you 50 years or older?	☐YES	☐NO
N (neck)	Is your neck circumference greater than 15.75 inches (40 cm)?	☐YES	☐NO
G (gender)	Are you male?	☐YES	☐NO

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