Maestro
DENTAL WELLNESS
SLEEP WELL. BE WELL.

STOPBANG Scoring Tool

To Detect Supsected Obstructive Sleep Apnea (OSA)

Name______________________________. **Date of Birth**_______________. **Date**_____________.

Snore
Tired
Observed
Pressure
BMI
Age
Neck
Gender

1. Do you **S**nore loudly? *(louder than talking or loud enough to be heard through closed doors)* — Yes / No
2. Do you often feel **T**ired, fatigued, or sleepy during daytime? — Yes / No
3. Has anyone **O**bserved you stop breathing during your sleep? — Yes / No
4. Do you have, or are you being treated for, high blood **P**ressure? — Yes / No
5. **B**MI more than 35? *(see BMI chart on reverse side, ht (in)______wt (lbs)______)* — Yes / No
6. **A**ge – Over 50 yr old? — Yes / No
7. **N**eck circumference greater than (17"-male) or (16"-female)? — Yes / No
8. **G**ender – Male? — Yes / No

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OSA Risk:
Low - "Yes" to 0 - 2 questions.
Intermediate - "Yes" to 3 - 4 questions.
High - "Yes" to 5 - 8 questions.

Patient's score_______________________.

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