AIRO Health Care

Sleep Apnea Testing Procedure

STOP-BANG Questionaire

	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?		
Do you have high blood preassure?		
Has anyone OBSERVED you stop breathing during your sleep?		
BMI more than 30kg/m2?		
Age +50 years?		
Neck circumference ≥43cm		
GENDER: Male?		
TOTAL		

High risk of OSA	**Yes**	**5-8**
Intermediate risk of OSA	**Yes**	**3-4**
Low risk of OSA	**Yes**	**0-2**