



Desert Pulmonary & Sleep Consultants Diagnostic Center

Desert Pulmonary & Sleep Consultants, PLC

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NAME: _____ DATE: _____ DOB: _____

STOP-BANG QUESTIONNAIRE

- S**nore Do you snore loudly? Y N
- T**ired Are you tired or sleepy during the day? Y N
- O**bserved Has anyone observed you stop breathing while asleep? Y N
- P**ressure Do you have hypertension or are you on medications for high blood pressure? Y N
- B**MI Is your BMI greater than 35?* Y N
- A**ge Are you 50 years or older? Y N
- N**eck Is your neck size larger than 17 inches? (or 16 for females) Y N
- G**ender Are you a male? Y N

***BMI = Weight (lbs) X 703 ÷ (Height (inches) X Height)**

[Example: 5 feet 4 inches and 140 pounds; BMI = 140 x 703 ÷ (64 x 64) = 98420/4096 = 24.0]

Or BMI Calculator at <http://nhlbisupport.com/bmi/>

Number of YES answers = _____

Epworth Sleepiness Scale (ESS)

For each of the following situations, pick the number (0, 1, 2 or 3) that indicates how likely you would be to fall asleep:

- 0 = Would **never** doze or sleep
- 1 = **Slight** likelihood of dozing or sleeping
- 2 = **Moderate** likelihood of dozing or sleeping
- 3 = **High** likelihood of dozing or sleeping

Sitting and reading	
Watching TV	
Sitting inactive in a public place (e.g., A theater or meeting)	
As A Passenger In A car For An Hour Without A Break	
Lying Down To Rest In The Afternoon When Circumstances Permit	
Sitting Down And Talking To Someone	
Sitting Quietly After Lunch	
In A Car, While Stopped For A Few Minutes In Traffic	
TOTAL:	