Is your partner’s snoring keeping you up at night...?

Do you Snore?
Do you also:

- stop breathing while you are asleep?
- wake up 3 or more times a night on a regular basis?
- wake up choking or gasping during the night?
- feel that you are not refreshed after sleeping?
- fall asleep easily during the day?
- feel a lack of energy or fatigue throughout the day?
- have or are you being treated for high blood pressure?

If you answered yes to two or more of these questions, you may have a sleep disorder. Contact Sleep Services of America today to learn more.

St John’s Riverside Hospital can help!

Call now to learn more or to schedule an appointment for a Sleep Consultation by calling 914-964-4337.

To make an appointment for a sleep study, call 914-559-1010.
STOP-Bang Questionnaire*
For the Assessment of Obstructive Sleep Apnea Risk

NAME:

TELEPHONE:

Have you been previously diagnosed with sleep apnea? YES NO
If so, are you currently using CPAP to treat your OSA? YES NO

Please answer the following eight questions Yes or No
1. Snoring: Do you snore loudly (loud enough to be heard through closed doors)? YES NO
2. Tired: Do you often feel tired, fatigued, or sleepy during daytime? YES NO
3. Observed: Has anyone observed you stop breathing during your sleep? YES NO
4. Blood pressure: Do you have or are you being treated for high blood pressure? YES NO
5. BMI: answer yes if your weight exceeds the amount listed for your height on the table to the right YES NO
6. Age: Is your age over 50 yr old? YES NO
7. Neck circumference: Neck circumference .40 cm? YES NO
8. Gender: Male? YES NO

Total Score (add up all ‘yes’ answers): ______

Interpretation
- High risk of OSA: Yes to 5 - 8 questions
- Intermediate risk of OSA: Yes to 3 - 4 questions
- Low risk of OSA: Yes to 0 - 2 questions

Call now to learn more or to schedule an appointment for a Sleep Consultation by calling 914-964-4337.

To make an appointment for a sleep study, call 914-559-1010.

*Chung F et al Brit J Anaesth 2012;108:768-75