

Sleep Apnea: STOP Bang (1 point each)

- **Snoring:** Do you snore loudly enough to bother a bed partner?
- **Tiredness:** Daytime tiredness, or any falling asleep with daily tasks?
- **Observed Apnea:** Do you stop breathing or gasp for air as you sleep?
- **Pressure:** Do you have HTN or have you been treated for HTN?
- **BMI:** Is the body mass index higher than 35.
- **Age:** If older than 50 (higher risk for OSA).
- **Neck Circumference:** A measurement greater than 16 inches
- **Gender:** Males are considered to be more likely to have OSA

*Scores <5 do not merit further work-up. **5 or more** need work-up and recommendations to the surgical team re: special accommodations*