



Amazing Dental

AMAZING DENTAL PTY LTD  
9 Moss St  
Nowra NSW 2541  
Tel: 02 4422 7800 Fax: 02 4422 7866  
Dr Johnny Chan  
BDS BSc (Dent) (Hon)  
Postgrad Dip Implant  
Master of Laser Dentistry

Name: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
DOB: \_\_\_\_\_ Gender: Female / Male

Please fill out the following questionnaire and return to Amazing Dental either in person before your appointment or through email; [reception@amazingdental.com.au](mailto:reception@amazingdental.com.au)

Would never doze (0)	Slight chance of dozing (1)	Moderate chance of dozing (2)	High chance of dozing (3)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sitting and reading
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Watching TV
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sitting inactive in a public place (eg. Cinema or in a meeting)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Being in a car for an hour as a passenger (without break)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lying down to rest in the afternoon (when possible)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sitting and chatting to someone
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sitting quietly after lunch (not having alcohol)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In a car when you stop in traffic for a few minutes

Your Result:

Result	What your ESS result indicates
<10	Low Risk: You are most likely getting enough sleep.
10-16	Medium Risk: You may be suffering from excessive daytime sleepiness.
16+	High Risk: You are dangerously sleepy.



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## STOP-BANG Sleep Apnoea Questionnaire

STOP		
Do you <b>SNORE</b> loudly (louder than talking or loud enough to be heard through closed doors)?	Yes	No
Do you often feel <b>TIRED</b> , fatigued, or sleepy during the daytime?	Yes	No
Has anyone <b>OBSERVED</b> you stop breathing during your sleep?	Yes	No
Do you have or are you being treated for high blood <b>PRESSURE</b> ?	Yes	No

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BANG		
<b>BMI</b> more than 35kg/m <sup>2</sup> ?	Yes	No
<b>AGE</b> over 50 years?	Yes	No
<b>NECK</b> circumference >16inches (40cm)?	Yes	No
<b>GENDER</b> : Males?	Yes	No

**Total Score:** \_\_\_\_\_

**High risk** of OSA: *YES* x 5-8

**Intermediate risk** of OSA: *YES* x 3-4

**Low Risk** of OSA: *YES* x 0-2

*Once completed, please bring the completed questionnaire to your next appointment with Amazing Dental, or forward it on through email to: [reception@amazingdental.com.au](mailto:reception@amazingdental.com.au)*