STOP BANG Questionnaire

The STOP BANG Questionnaire is a screening tool for Obstructive Sleep Apnea (OSA).

Height _____ inches/cm      Weight _____ lb/kg
Age _____                  Male/Female    BMI _____
Collar size of shirt: S, M, L, XL, or _____ inches/cm    Neck circumference _____ cm

1. Do you snore loudly?      Yes   No
2. Do you often feel tired, fatigued, or sleepy during daytime? Yes   No
3. Has anyone observed you stop breathing during your sleep? Yes   No
4. Do you have or are you being treated for high blood pressure? Yes   No
5. BMI more than 35 kg/m2? Yes   No
6. Age over 50 yr old? Yes   No
7. Neck circumference greater than 40 cm? Yes   No
8. Gender male? Yes   No

High risk of OSA: answering yes to three or more items
Low risk of OSA: answering yes to less than three items

Source: AMDG Interagency Guideline on Opioid Dosing for Chronic Non-cancer Pain (2010 Update)