

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

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| 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/m ² ? | 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