

STOP-BANG sleep apnea questionnaire

name:

date:

STOP		
do you SNORE loudly (louder than talking or loud enough to be heard through closed doors)?	yes	no
do you often feel TIRED, fatigued, or sleepy during the daytime?	yes	no
has anyone OBSERVED you stop breathing during your sleep?	yes	no
do you have or are you being treated for high blood PRESSURE?	yes	no

BANG		
BMI more than 35kg/m ² ?	yes	no
AGE over 50 years old?	yes	no
NECK circumference > 16 inches (40cm)?	yes	no
GENDER: male?	yes	no

TOTAL SCORE		
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high risk of obstructive sleep apnea (OSA): yes to 6-8 questions

intermediate risk of OSA: yes to 3-5 questions

low risk of OSA: yes to 0-2 questions

*For much more useful information on the STOP-BANG questionnaire,
visit the official website at www.stopbang.ca/index.php*

Usmani, Z. A., et al. (2013). "Obstructive sleep apnoea in adults" *Postgraduate Medical Journal* **89**(1049): 148-156.

Fenton, M., et al. (2015). "Utility of stop-bang in the prediction of obstructive sleep apnea in primary care" *Chest* **148**(4_MeetingAbstracts): 1033A-1033A.
