



# STOP-BANG Questionnaire

A tool to screen for Obstructive Sleep Apnea

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## STOP-BANG Scoring Model

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### 1 SNORING

Do you *snore* loudly (louder than talking or loud enough to be heard through closed doors)?

YES       NO

### 2 TIRED

Do you often feel *tired*, fatigued or sleepy during the daytime?

YES       NO

### 3 OBSERVED

Has anyone *observed* you stop breathing during your sleep?

YES       NO

### 4 BLOOD PRESSURE

Do you have or are you being treated for high blood *pressure*?

YES       NO

### 5 BMI

*BMI* more than 35kg/m<sup>2</sup>?

YES       NO

### 6 AGE

*Age* over 50 years old?

YES       NO

### 7 NECK CIRCUMFERENCE

*Neck* circumference greater than 40cm / 16"?

YES       NO

### 8 GENDER

*Gender* - Male?

YES       NO

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"YES" to **three or more** items indicates a **high risk** of OSA.

"YES" to **less than three** items indicates a **low risk** of OSA.

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