

STOP-BANG Questionnaire

Below is the STOP-BANG (Snoring, Tiredness during daytime, Observed apnea, high blood Pressure, Body mass index, Age, Neck circumference, Gender) questionnaire. A high risk of sleep apnea is defined as a score of 3 or more "Yes" answers. A low risk of sleep apnea is defined as a score of less than 3.

Snoring

Do you **snore** loudly (loud enough to be heard through closed doors or your bed-partner elbows you for snoring at night)?

Yes

No

Tired

Do you often feel **tired**, fatigued or sleepy during the daytime (such as falling asleep during driving)?

Yes

No

Observed

Has anyone **observed** you stop breathing or choking/gasping during your sleep?

Yes

No

Pressure

Do you have or are you being treated for High Blood **Pressure**?

Yes

No

BMI

Body Mass Index more than 35 kg/m²?

Yes

No

Age

Age older than 50 years old?

Yes

No

Neck size

For male, is your **neck** 17 inches or larger?
For female, is your **neck** 16 inches or larger?

Yes

No

Gender

Gender = Male?

Yes

No

Score _____