

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

Is your Body Mass Index more than 35 kg/m²?

YES **NO**

AGE

Are you older than 50 years old?

YES **NO**

NECK SIZE

Male, is your neck 17 inches or larger?
Female, is your neck 16 inches or larger?

YES **NO**

GENDER

Are you male?

YES **NO**

SCORE: _____