

STOP BANG Questionnaire

Height _____ inches/cm Weight _____ lb/kg

Age _____

Male/Female

BMI _____

Collar size of shirt: S, M, L, XL, or _____ inches/cm

Neck circumference* _____ cm

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 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 35 kg/m²?

Yes No

6. Age

Age over 50 yr old?

Yes No

7. Neck circumference

Neck circumference greater than 40 cm?

Yes No

8. Gender

Gender male?

Yes No

* Neck circumference is measured by staff

High risk of OSA: answering yes to three or more items

Low risk of OSA: answering yes to less than three items

Adapted from:

STOP Questionnaire

A Tool to Screen Patients for Obstructive Sleep Apnea

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