



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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