

Name: _____

Height: _____ Weight: _____

Age: _____ Male/Female: _____

STOP-BANG Sleep Apnea Questionnaire

Chung Fetal Anesthesiology 2008 and BJA 2012

STOP		
Do you SNORE loudly (louder than talking or loud enough to be heard through closed doors)?	Yes	No
Do you often feel TIRED , fatigued, or sleepy during daytime?	Yes	No
Has anyone OBSERVED you stop breathing during your sleep?	Yes	No
Do you have or are you being treated for high blood PRESSURE ?	Yes	No

BANG		
BMI more than 35kg/m ² ?	Yes	No
AGE over 50 years old?	Yes	No
NECK circumference > 16 inches (40cm)?	Yes	No
GENDER: Male?	Yes	No

TOTAL SCORE		
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High Risk of OSA: Yes 5-8

Intermediate Risk of OSA: Yes 3-4

Low Risk of OSA: Yes 0-2