STOP BANG Questionnaire

Patient Name _____ Date _____
Height _____ Weight _____ lb
Age _____ Male/Female BMI _____
Collar size of shirt: S, M, L, XL, or _____ inches/cm
Neck circumference* _____ in

1. *S*noring
Do you *s*nore loudly (louder than talking or loud enough to be heard through closed doors)?
Yes No

2. *T*ired
Do you often feel *t*ired, fatigued, or sleepy during daytime?
Yes No

3. *O*bserved
Has anyone *o*bserved you stop breathing during your sleep?
Yes No

4. Blood *p*ressure
Do you have or are you being treated for high blood *p*ressure?
Yes No

5. *B*MI
*B*MI more than 30 kg/m2?
Yes No

6. *A*ge
*A*ge over 50 yr old?
Yes No

7. *N*eck circumference
*N*eck circumference greater than 17 inches?
Yes No

8. *G*ender
*G*ender 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