

Name: _____ Height: _____ Weight: _____ Age: _____

Today's date: _____ Gender: M F BMI: _____ kg/m²

STOP-BANG Obstructive Sleep Apnea (OSA) Questionnaire

Chung F, et al Anesthesiology 2008 & BJA 2012

STOP		
Do you S <u>NORE</u> loudly (louder than talking or loud enough to be heard through closed doors)?	Yes	No
Do you often feel T <u>IRED</u> , fatigued, or sleepy during daytime?	Yes	No
Has anyone O <u>BERVED</u> you stop breathing during your sleep?	Yes	No
Do you have or are you being treated for high blood P <u>RESSURE</u> ?	Yes	No

BANG		
B <u>MI</u> more than 35 kg/m ² ?	Yes	No
A <u>GE</u> over 50 years old?	Yes	No
N <u>ECK</u> circumference over 16 inches (40 cm)?	Yes	No
G <u>ENDER</u> : Male?	Yes	No

TOTAL SCORE		

Risk of OSA: High for score 5-8; Intermediate for score 3-4;

Low for score 0-2