

STOP-Bang Questionnaire*

For the Assessment of Obstructive Sleep Apnea Risk

NAME:

PHONE:

Have you been previously diagnosed with sleep apnea? Yes No

If so, are you currently using CPAP to treat OSA? Yes No

BMI TABLE

Please answer the following eight questions YES or NO

1. Snoring: Do you snore loudly (loud enough to be heard through closed doors?) Yes No
2. Tired: Do you often feel tired, fatigued, or sleepy during the day? 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: Answer 'Yes' if your weight exceeds the amount listed for your height on the table to the right. Yes No
6. Age: Is your age over 50 yr old? Yes No
7. Neck circumference: Is your neck circumference >40cm? Yes No
8. Gender: Are you Male? Yes No

HEIGHT	WEIGHT
4'10"	167
4'11"	173
5'0"	179
5'1"	185
5'2"	191
5'3"	197
5'4"	204
5'5"	210
5'6"	216
5'7"	223
5'8"	230
5'9"	237
5'10"	243
5'11"	250
6'0"	258
6'1"	265
6'2"	272
6'3"	279
6'4"	287
6'5"	295



INTERPRETATION

Add up all the 'yes' answers

TOTAL SCORE: _____

High risk of OSA:

Yes to 5 - 8 questions

Intermediate risk of OSA:

Yes to 3 - 4 questions

Low risk of OSA:

Yes to 0 - 2 questions

*Chung F et al Brit J Anaesth 2012;108:768-75

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