

Name: _____

STOP BANG Questionnaire

Height _____ inches/cm Weight _____ lb/kg

Age _____

Male/Female

BMI _____

Neck circumference _____ inches

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

Is your neck circumference greater than: Male: 16.5 inches Female: 15 inches

Yes No

8. Gender

Gender male?

Yes No

SCORE: Answering yes to three or more items could indicate a high risk of a sleep breathing disorder.