

Name \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_  
Age \_\_\_\_\_ Male / Female \_\_\_\_\_

## STOP-BANG Sleep Apnea Questionnaire

*Chung F et al Anesthesiology 2008 and BJA 2012*

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

BANG		
<b>BMI</b> more than 35kg/m2?	Yes	No
<b>AGE</b> over 50 years old?	Yes	No
<b>NECK</b> circumference > 16 inches (40cm)?	Yes	No
<b>GENDER</b> : 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**