

STOP-BANG Sleep Apnea Questionnaire

Name _____ Date _____

The STOP-BANG Questionnaire is commonly used to screen for obstructive sleep apnea. Answer the eight questions below to assess your risk of sleep apnea.

Do you snore loudly?	Yes	No
Do you often feel tired, fatigued, or sleepy during the daytime?	Yes	No
Has anyone observed you stop breathing or choking/gasping during your sleep?	Yes	No
Do you have or are you being treated for high blood pressure?	Yes	No
Is your Body Mass Index (BMI) more than 35? Ask your provider for your BMI, or you may calculate it using an online BMI calculator.	Yes	No
Are you older than 50 years?	Yes	No
Is your neck size larger than average? Male: Answer "yes" if your shirt collar or neck circumference is 17" or more. Female: Answer "yes" if your shirt collar or neck circumference is 16" or more.	Yes	No
Is your gender male?	Yes	No
Total Score		

The total number of "Yes" responses to STOP-BANG indicates your risk for sleep apnea:

Yes to 0 – 2 questions: Low risk

Yes to 3 – 4 questions: Intermediate risk

Yes to 5 – 8 questions: High risk

Sources: Chung F et al. Anesthesiology 2008 May;108: 812-821, Chung F et al. Br J Anaesth 2012 May;108: 768-775, Chung F et al. J Clin Sleep Med 2014 Sept;15;10(9):951-8, Chung F et al. Chest 2016 Mar;149(3):631-8.