

# 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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Is your partners snoring keeping you up all night?



# Do you snore?

Do you also:

- Stop breathing while you are asleep?
- Wake up 3 or more times a night on a regular basis?
- Wake up choking or gasping during the night?
- Feel that you're not refreshed after sleeping?
- Fall asleep easily during the day?
- Feel a lack of energy or fatigue throughout the day?
- Have or are you being treated for high blood pressure?

**If you answered 'yes' to two or more of these questions, you may have a sleep disorder.**