The STOP BANG Questionnaire

Name:

Height: Weight:

Age: Male/Female:

STOP	
Do you SNORE loudly?	☐ Yes ☐ No
Do you often feel Tired, fatigued, or sleepy during daytime?	☐ Yes ☐ No
Has anyone Observed you stop breathing during sleep?	☐ Yes ☐ No
Do you have or are you being treated for high blood Pressure?	☐ Yes ☐ No
BANG	
BMI more than 35kg/m2?	☐ Yes ☐ No
Age over 50 years old?	☐ Yes ☐ No
Neck circumference> 16 inches (40cm)?	☐ Yes ☐ No
Gender: Male?	☐ Yes ☐ No
TOTAL SCORE	

High risk of OSA: Yes 5-8

Intermediate risk of OSA: Yes 3-4

Low risk of OSA: Yes 0-2