

STOP BANG Questionnaire

The STOP BANG questionnaire is used to determine your risk of developing obstructive sleep apnea. We encourage you to print this questionnaire and bring it to your next appointment with your doctor for further discussion.

Height _____ inches/cm Weight _____ lb/kg Age _____
Gender (please circle one): Male Female BMI _____
Collar size of shirt: S, M, L, XL, or _____ inches/cm Neck circumference* _____ cm

Please circle the answer to each question:

1. Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?
Yes No
2. Do you often feel tired, fatigued, or sleepy during daytime?
Yes No
3. Has anyone observed you stop breathing during your sleep?
Yes No
4. Do you have or are you being treated for high blood pressure?
Yes No
5. Is your BMI more than 35 kg/m²?
Yes No
6. Are you over the age of 50?
Yes No
7. Does your neck circumference measure greater than 40 cm?
Yes No
8. Are you male?
Yes No

* Neck circumference as measured by medical staff

Results

If you answered yes to three or more items, you have a high risk of developing obstructive sleep apnea. If you answered yes to fewer than three questions, you have a low risk of developing obstructive sleep apnea.