

# STOP-Bang Questionnaire

A tool to screen for Obstructive Sleep Apnea

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## STOP-Bang Scoring Model

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**1 SNORING**

Do you *snore* loudly (louder than talking or loud enough to be heard through closed doors)?

YES       NO

**2 TIRED**

Do you often feel *tired*, fatigued or sleepy during the daytime?

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**

*BMI* more than 35kg/m<sup>2</sup>?

YES       NO

**6 AGE**

*Age* over 50 years old?

YES       NO

**7 NECK CIRCUMFERENCE**

*Neck* circumference greater than 40cm / 16"?

YES       NO

**8 GENDER**

*Gender* - Male?

YES       NO