THE BREATH FACTORY
YOUR SNORING AND APNEA SOLUTIONS

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STOP BANG Screening Questionnaire

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 daytime hours?

□ Yes □ No

3) Obstructive
Has anyone observed you stop breathing during your sleep?

□ Yes □ No

4) High Blood Pressure
Do you have or are you being treated for high blood pressure?

□ Yes □ No

5) Body Mass Index
BMI greater than 35 kg/m^2?

□ Yes □ No

6) Age
Age greater than 50 years old?

□ Yes □ No

7) Neck circumference
Is the neck circumference (collar size) greater than 40 cm or 16 inches?

□ Yes □ No

8) Gender
Male gender?

□ Yes □ No

Increased risk of OSA:
Answering yes to three or more items.

Decreased risk of OSA:
Answering yes to two or fewer items.

Reference: Chung, F. et al. 2008