

STOP-BANG

Sleep Apnea Screening Questionnaire

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The STOP-BANG Questionnaire is a validated screening tool for Obstructive Sleep Apnea (OSA). Please answer each question honestly to help assess your level of risk. Check "Yes" or "No" for each item.

	Question	Yes	No
S	Do you snore loudly (louder than talking or loud enough to be heard		
	through closed doors)?		
Т	Do you often feel tired , fatigued, or sleepy during the daytime?		
0	Has anyone observed you stop breathing during your sleep?		
Р	Do you have or are you being treated for high blood pressure?		
В	Is your body Mass Index (BMI) more than 35?		
Α	Are you over 50 years old?		
N	Is your neck circumference greater than 17 inches for men or 16		
	inches for women?		
G	Is your gender male?		

Scoring: Each "Yes" answer = 1 point.	
0–2 = Low risk for OSA	
3–4 = Intermediate risk for OSA	
5–8 = High risk for OSA	
Total Score:	
Patient Name:	Date:

This questionnaire is for screening purposes only and does not replace a medical evaluation. Interpretation and treatment recommendations are made by a licensed sleep professional.