STOP BANG Questionnaire

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

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?
   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 35 kg/m²?
   Yes  No

6. Age
   Age over 50 yr old?
   Yes  No

7. Neck circumference
   Neck circumference greater than 40 cm?
   Yes  No

8. Gender
   Gender male?
   Yes  No

* Neck circumference is measured by staff

High risk of OSA: answering yes to three or more items
Low risk of OSA: answering yes to less than three items

Adapted from:

STOP Questionnaire
A Tool to Screen Patients for Obstructive Sleep Apnea