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STOP BANG Questionnaire

Screening for Obstructive Sleep Apnea

Answer only the STOP portion of this questionnaire.

STOP		
Do you Snore loudly? (louder than talking or loud enough to be heard though closed doors?)	YES	NO
Do you often feel Tired, fatigued, or sleepy during the daytime?	YES	NO
Has anyone Observed you stop breathing during your sleep?	YES	NO
Do you have or are you being treated for high blood Pressure?	YES	NO

BANG		
BMI more than 35kg/m²	YES	NO
Age over 50 years old?	YES	NO
Neck Circumference > 15.75in. (40cm)?	YES	NO
Male Gender	YES	NO

TOTAL SCORE	
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OSA RISK

≥ 3 yes answers: high-risk for OSA

< 3 yes answers: low risk for OSA

Office Use Only:

BMI: _____ Neck Circumference: _____ cm