STOP BANG Questionnaire

Name__________________________________________________________ Age________

Height_________ inches       Weight_________ lbs.       BMI______________

Collar size of shirt:  □ S  □ M  □ L  □ XL, or ___________inches

Neck circumference (measured by staff) _______________cm

Snoring: Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?
   □ Yes       □ No

Tired: Do you often feel tired, fatigued, or sleepy during the day?
   □ Yes       □ No

Observed: Has anyone observed that you stop breathing during your sleep?
   □ Yes       □ No

Blood pressure: Do you have or are you being treated for high blood pressure?
   □ Yes       □ No

BMI more than 35 kg/m²?
   □ Yes       □ No

Age over 50 years?
   □ Yes       □ No

Neck circumference greater than 40 cm?
   □ Yes       □ No

Gender, male?
   □ Yes       □ No

High risk of obstructive sleep apnea = answering “yes” to 3 or more questions
Low risk of obstructive sleep apnea = answering “yes” to less than 3 questions

Adapted from:
STOP Questionnaire: A Tool to Screen Patients for Obstructive Sleep Apnea
Anesthesiology 2008; 108:812-21 Copyright 2008, the American Society of Anesthesiologists, Inc. Lippincott Williams & Wilkins, Inc.