STOP BANG Questionnaire

Height Age	inches/cm Weightlb/kg
Male/Female BMI	
	shirt: S, M, L, XL, or inches/cm erence* cm
1. Snoring Do you snore through closed Yes	loudly (louder than talking or loud enough to be heard l doors)? No
2. Tired Do you often f Yes	feel <i>t</i> ired, fatigued, or sleepy during daytime?
3. Observed Has anyone ob Yes	oserved you stop breathing during your sleep? No
4. Blood <i>p</i> ress Do you have o Yes	ure or are you being treated for high blood <i>p</i> ressure? No
5. BMI BMI more than Yes	n 35 kg/m ² ? No
6. Age Age over 50 yı Yes	r old? No
7. <i>N</i> eck circun <i>N</i> eck circumfe Yes	nference erence greater than 40 cm? No
8. Gender Gender male? Yes	No
* Neck circum	nference is measured by staff
	SA: answering yes to three or more items SA: answering yes to less than three items

Adapted from:

STOP Questionnaire

A Tool to Screen Patients for Obstructive Sleep Apnea
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