



# STOP-BANG Sleep Apnea Screening Questionnaire

## Instructions:

Please answer the 8 questions below to assess your risk for sleep apnea a condition in which breathing repeatedly pauses or stops during sleep.

**1. Snoring:** Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?

Yes     No

**2. Tiredness:** Do you often feel tired, fatigued, or sleepy during the daytime — even after what seems like a full night’s sleep?

Yes     No

**3. Observed Apnea:** Has anyone observed you stop breathing during your sleep? Or told you that you quit breathing while sleeping?

Yes     No

**4. Blood Pressure:** Has anyone observed you stop breathing during your sleep? Or told you that you quit breathing while sleeping?

Yes     No

**5. Body Mass Index (BMI):** Is your BMI greater than 35? Check BMI graph on next page.

Yes     No

**6. Age:** Are you older than 50 years?

Yes     No

**7. Neck Circumference:** Is your neck circumference greater than 15¾ inches (40 cm)?

Yes     No

**8. Gender:** Are you male?

Yes     No

**Scoring:** If you score 3 or more, consider discussing results with your healthcare provider

**Low Risk:** 0–2 “Yes” answers

**Intermediate Risk:** 3–4 “Yes” answers

**High Risk:** 5–8 “Yes” answers

Answer **Yes** if your weight is greater than the value listed below for your height:

| Height | Weight (lbs) | Height | Weight (lbs) |
|--------|--------------|--------|--------------|
| 4'10"  | 167          | 5'8"   | 230          |
| 4'11"  | 173          | 5'9"   | 237          |
| 5'0"   | 179          | 5'10"  | 243          |
| 5'1"   | 185          | 5'11"  | 250          |
| 5'2"   | 191          | 6'0"   | 258          |
| 5'3"   | 197          | 6'1"   | 265          |
| 5'4"   | 204          | 6'2"   | 272          |
| 5'5"   | 210          | 6'3"   | 279          |
| 5'6"   | 216          | 6'4"   | 287          |
| 5'7"   | 223          | 6'5"   | 295          |