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
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