

STOP-BANG Questionnaire

(Please answer the following questions below to determine if you might be at risk for sleep apnea.)

STOP-BANG	(Question)	Yes	No
<u>S</u>nor	Do you snore loudly? (i.e., louder than talking or loud enough to be heard through closed doors)		
<u>T</u>ired	Do you often feel tired, fatigued or sleepy during the day?		
<u>O</u>bserved	Has anyone observe you stop breathing during sleep?		
B lood <u>P</u>ressure	Do you have or are you being treated for high blood pressure?		
<u>B</u>MI	BMI more than 35 kg/m ² ?		
<u>A</u>ge	Age over 50 years old?		
<u>N</u>eck circumference	Is your neck circumference 43 Centimeters or greater for men and 41 Centimeters or greater for women)?		
<u>G</u>ender	Male gender?		

Scoring Criteria

1. Low risk: Yes to 0-2 questions

2. Intermediate risk: Yes to 3-4 questions

3. High risk: - Yes to 5-8 questions

- or Yes to > 2 of STOP questions + male gender

- or Yes to > 2 of STOP questions + BMI >35 kg/m²

- or Yes to > 2 of STOP questions + neck circumference > 43 Centimeters in male or > 41 Centimeters in female.

You might be needed to undergo further management under a supervision of a Sleep specialist for **Intermediate risk and High risk.**