

STOP-BANG Assessment

Screening Tool for Obstructive Sleep Apnea

1. S – Snoring
Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?
Yes No

2. T – Tired
Do you often feel tired, fatigued, or sleepy during the daytime?
Yes No

3. O- Observed
Has anyone observed you stop breathing during your sleep?
Yes No

4. P- Blood Pressure
Do you have, or are you being treated for, high blood pressure (hypertension)?
Yes No

5. B – BMI
Is your BMI > 35 kg/m²?
Yes No

6. A – Age
Is your age > 50 years old?
Yes No

7. N – Neck Circumference
Is your neck circumference > 17 inches (male) or > 15 inches (female)?
Yes No

8. G – Gender
Is your gender male?
Yes No

Total “Yes” responses: _____

<p>3+ → High risk of OSA 0-2 → Low risk of OSA</p>
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