

# STOP-BANG Questionnaire

This NMCP Sleep Clinic- developed tool helps to screen patients for Obstructive Sleep Apnea (OSA)

Height \_\_\_\_\_ inches/cm

Weight \_\_\_\_\_ lb/kg

Age \_\_\_\_\_

Male / Female

BMI \_\_\_\_\_

Collar size of shirt:    S        M        L        XL        or        \_\_\_\_\_ inches/cm

1. **S**noring  
Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?      Yes    No
2. **T**ired  
Is your Epworth Sleepiness Scale >12?      Yes    No
3. **O**bserved  
Has anyone observed you stop breathing during your sleep?      Yes    No
4. Blood **P**ressure  
Do you have or are you being treated for high blood pressure?      Yes    No
5. **B**MI  
Is your BMI more than 35 kg/m<sup>2</sup>?      Yes    No
6. **A**ge  
Are you over 50 years old?      Yes    No
7. **N**eck Circumference  
Is your neck circumference greater than 17 inches or 43 cm?      Yes    No
8. **G**ender  
Are you male?      Yes    No

STOP-BANG score = total number of yes responses. If greater than 5 then direct referral to sleep medicine. Otherwise follow OSA referral guidelines

