

STOP-BANG Questionnaire

Snoring	Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?	Yes No
Tired	Do you often feel tired, fatigued or sleepy during the daytime?	Yes No
Observed	Has anyone observed you stop breathing during your sleep?	Yes No
Blood Pressure	Do you have or are you being treated for high blood pressure?	Yes No
BMI	BMI more than 35 kg/m ² ?	Yes No
Age	Age over 50 yrs old?	Yes No
Neck circumference	Neck circumference greater than 15 in (female) 17 (in male)?	Yes No
Gender	Gender male?	Yes No

High risk of OSA: answering yes to three or more items

Low risk of OSA: answering yes to less than three items