



STOP-BANG Questionnaire

This set of questions are meant to be filled by health care professional

- Do you Snore Loudly? Yes No
- Do you often feel tired, fatigued or sleepy during day time? Yes No
- Has anyone observed you stop breathing during sleep? Yes No
- Do you have or are you being treated for high blood pressure? Yes No
- Body Mass Index more than 35 Yes No
- Age over 50 years old Yes No
- Neck circumference greater than 40 cm Yes No
- Gender: male Yes No

Clinical information and management points:

If 2 questions are answered yes there is 66-74 percent sensitivity for sleep apnea

If STOP and BANG each get 2 yes answers there is 93% sensitivity for mild and 85% sensitivity for moderate sleep apnea.

If you have 2 yes answers on left column consider consulting with a sleep disorders doctor.

If you have 3 or more yes we highly recommend referring the patient to a sleep disorders doctor.