

STOP - Bang Questionnaire



Is it possible that you have Obstructive Sleep Apnea (OSA)? Fill out this survey to find out!

YES NO

Snoring?

Do you snore loudly? Loud enough to be heard through closed doors or your bed -partner elbows you for snoring at night.

Tired?

Examples include falling asleep when you're driving or talk to someone.

Observed?

Has anyone observed you stop breathing or choking/gasping during your sleep?

Pressure?

Do you have or are you being treated for high blood pressure?

Body Max index?

Is your BMI over 35? BMI _____

Age?

Are you older than 50?

Neck size?

(Measured around Adam's apple)

Men, is your shirt collar 17 inches or larger?

Women, is your shirt collar 16 inches or larger?

Gender?

Are you a male?