

SLEEP APNEA SCREENING QUESTIONNAIRE STOP BANG

SLEEP APNEA SCREENING QUESTIONS	YES=1	NO=0
Do you snore loudly?		
Do you often feel tired, fatigued, or sleepy during the daytime?		
Do you have high blood pressure?		
Are you overweight or obese? (BMI=30+)		
Neck size 16 in or more		
Are you male?		
Add up your score>		

0-2 = low risk sleep apnea
 3-4 = intermediate risk sleep apnea
 5+ = high risk sleep apnea