



# STOP BANG

## Screening for: OBSTRUCTIVE SLEEP APNEA

Answer the following questions to find out if you are at risk for Obstructive Sleep apnea.

### STOP

**S** (snore) Have you been told that you snore loudly? YES / NO

**T** (tired) Are you often tired during the day? YES / NO

**O** (observed) Do you know if you stop breathing or has anyone observed you stop breathing while you are asleep? YES / NO

**P** (pressure) Do you have high blood pressure or are on medications to control high blood pressure? YES / NO

### BANG

**B** (BMI) Is your body mass index greater than 35?  
*See table to the right* YES / NO

**A** (age) Are you 50 years old or older? YES / NO

**N** (neck) Is your neck circumference greater than 16 inches?  
YES / NO

**G** (gender) Are you a male? YES / NO

**If you answered YES to at three or more questions on the STOP BANG you are at high risk of Obstructive Sleep Apnea. This indicates a need for a sleep study to evaluate YOUR RISK for sleep apnea.**

**DO YOU WEIGHT MORE THAN THE WEIGHT SHOWN ON THE TABLES BELOW? BMI  $\geq$  35**

Height	Weight (lb)
4'10"	167
4'11"	176
5'0"	179
5'1"	187
5'2"	191
5'3"	198
5'4"	204
5'5"	209
5'6"	216
5'7"	220
Height	Weight (lb)
5'8"	230
5'9"	237
5'10"	244
5'11"	251
6'0"	258
6'1"	265
6'2"	273
6'3"	280
6'4"	287
6'5"	295

*Sleep problems, including snoring, sleep apnea, insomnia, sleep deprivation and restless legs syndrome, are common among millions of Americans. Untreated sleep problems can lead to high blood pressure, heart failure, stroke and diabetes. Talk with your doctor if you have any of the above symptoms.*