STOP/BANG SLEEP APNEA SCREENING TOOL

S…Do you **S**nore loudly, enough to be heard through closed doors?	□ **Yes** □ **No**
T…Do you feel **T**ired or fatigued during daytime almost every day?	□ **Yes** □ **No**
O…Has anyone **O**bserved that you stop breathing during your sleep?	□ **Yes** □ **No**
P…Do you have a history of high blood **P**ressure with or without treatment?	□ **Yes** □ **No**
B…**B**ody mass index (BMI) greater than 35 kg/m²?	□ **Yes** □ **No**
A…**A**ge over 50 years?	□ **Yes** □ **No**
N…**N**eck circumference greater than or equal 17” for men, 16” for women	□ **Yes** □ **No**
G…Male **G**ender	□ **Yes** □ **No**
TOTAL Yes	

- High Risk OSA
  - Total Yes – 5 or more
- Moderate Risk OSA
  - Total Yes – 3 or more
- Low Risk OSA
  - Total Yes – less than 3