STOP-BANG Scoring Model

Screening for Obstructive Sleep Apnea

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

S (Snoring)	Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?	☐ YES	☐ NO
T (Tired)	Do you often feel tired, fatigued, or sleepy during daytime?	☐ YES	☐ NO
O (Observed)	Has anyone observed you stop breathing during your sleep?	☐ YES	☐ NO
P (Blood Pressure)	Do you have or are you being treated for high blood pressure?	☐ YES	☐ NO

B (BMI)	BMI more than 35 kg/m²*?	☐ YES	☐ NO
A (Age)	Age over 50 yr old?	☐ YES	☐ NO
N (Neck Circumference)	Neck circumference greater than 40 cm (16 in)?	☐ YES	☐ NO
G (Gender)	Gender male?	☐ YES	☐ NO

* For imperial conversion use lb/in² x 705[1]

[1]Stensland SH and Margolis S. J Am Diet Assoc 1990; 90(6): 856.

High risk of OSA: answering **YES to three or more items**
Low risk of OSA: answering **YES to less than three items**

Adapted from Chung F et al. Anesthesiology 2008; 108(5): 812-21.