STOP-BANG SCORING MODEL

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Screening for Obstructive Sleep Apnea

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

(Snoring) (Tired)	Do you snore loudly (louder than talking or loud enough to be heard through closed doors?) Do you often feel tired, fatigued, or sleepy during the daytime?	YES YES	□ NO
(Observed)	Has anyone observed you stop breathing during your sleep?	YES	NO
(Blood Pressure)	Do you have or are you being treated for high blood pressure?	YES	NO
(BMI)	BMI more than 35 kg/m ² ?	YES	NO
(Age)	Age over 50 year old?	YES	NO
(Neck Circumference)	Neck circumference greater than 40 cm (16 in)?	YES	NO
(Gender)	Gender male?	YES	NO
	(Tired) (Observed) (Blood Pressure) (BMI) (Age) (Neck Circumference)	(Tired) Do you often feel tired, fatigued, or sleepy during the daytime? (Observed) Has anyone observed you stop breathing during your sleep? (Blood Pressure) Do you have or are you being treated for high blood pressure? (BMI) BMI more than 35 kg/m²? (Age) Age over 50 year old? (Neck Circumference) Neck circumference greater than 40 cm (16 in)?	(Tired) Do you often feel tired, fatigued, or sleepy during the daytime? YES (Observed) Has anyone observed you stop breathing during your sleep? YES (Blood Pressure) Do you have or are you being treated for high blood pressure? YES (BMI) BMI more than 35 kg/m²? (Age) Age over 50 year old? YES (Neck Circumference) Neck circumference greater than 40 cm (16 in)?

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

