

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.

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

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|-------------------------------|--|------------------------------|-----------------------------|
| B (BMI) | BMI more than 35 kg/m ² ? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| A (Age) | Age over 50 yr old? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| N (Neck Circumference) | Neck circumference greater than 40 cm (16 in)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| G (Gender) | Gender male? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

* For imperial conversion use lb/in² x 705¹

¹Stensland 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.