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STOP-BANG Questionnaire

		Yes	No
Snore?	Do you Snore loudly (louder than talking or loud enough to be heard through closed doors?)		
Tired?	Do you often feel Tired, fatigued, or sleepy during the daytime?		
Observed	Has anyone Observed you stop breathing during your sleep?		
Pressure?	Do you have or are being treated for High Blood Pressure?		
BMI	Body Mass Index (BMI) more than 35 (use the formula to calculate your BMI? BMI Formula: Weight(lbs)/ Height(in ²) x 703		
Age	Age over 50 years old?		
Neck	Neck circumference greater than 40 cm?		
Gender	Gender male?		

Score: _____

Scoring :

Answering “yes” to **3 or more** of the 8 questions indicates that you are at the **High Risk for OSA**.
 Answering “yes” to **less than 3** questions indicates that you are at **Low Risk for OSA**. If you scored in the High Risk for OSA category, a sleep study or an evaluation by a sleep specialist may be warranted.