

## STOP-BANG QUESTIONNAIRE

**Snoring?** Do you snore loudly (loud enough to be heard through closed doors or your bed-partner elbows you for snoring at night)?      YES      NO

**Tired?** Do you often feel tired, fatigued, or sleepy during the daytime (such as falling asleep when driving)?      YES      NO

**Observed?** Has anyone observed your stop breathing or choking/gasping during your sleep?      YES      NO

**Pressure?** Do you have, or are being treated for high blood pressure?      YES      NO

**Body Mass Index** more than 35 kg/m<sup>2</sup>?      YES      NO

**Age** older than 50 years old?      YES      NO

**Neck size** large (Measured around adams apple) Male 43 cm or larger, female 41 cm or larger?      YES      NO

**Gender = Male?**      YES      NO

Low Risk: Yes to 0-2 questions

Intermediate Risk: Yes to 3-4 questions

High Risk: Yes to 5-8 questions

Or Yes to 2 or more of STOP questions + male

Or Yes to 2 or more of STOP questions + BMI > 35 kg/m<sup>2</sup>

Or Yes to 2 or more of STOP questions + large neck circumference

If patient falls into the High Risk category – send snapshot facesheet to regional asking them to verify insurance coverage and out of pocket expense for the patient.