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/m2? 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/m2
   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.