



Mid-South Pulmonary &
Sleep Specialists, P.C.

*The Official Pulmonary &
Sleep Specialists of the
Memphis Grizzlies*



STOP BANG Questionnaire

A Tool to Screen Patients for Obstructive Sleep Apnea

1. Snoring

Do you snore loudly (louder than talking or loud enough to be heard through closed doors)? Yes/No

2. Tired

Do you often feel tired, fatigued, or sleepy during daytime? Yes/No

3. Observed

Has anyone observed you stop breathing during your sleep? Yes/No

4. Blood pressure

Do you have or are you being treated for high blood pressure? Yes/No

5. BMI

BMI more than 35 kg/m² ? Yes/No

6. Age

Age over 50 yr old? Yes/No

7. Neck circumference

Neck circumference greater than 40 cm? Yes/No

8. Gender

Gender male? Yes/No

High Risk of OSA:

Answering yes to three or more items

Low Risk of OSA:

Answering yes to less than three items

