



Are You at High Risk for Sleep Apnea?

(STOP-BANG Questionnaire)

Snoring: Do you snore loudly? (louder than talking or loud enough to be heard through a closed door)

Yes No

Tiredness/fatigue: Do you feel tired, fatigued, or sleepy during the daytime, even after a “good” night’s sleep?

Yes No

Observed apnea: Has anyone ever observed you stop breathing during your sleep?

Yes No

Pressure: Do you have or are you being treated for high blood pressure?

Yes No

Body mass index: Do you weigh more for your height than is shown in the table to the right?

Yes No

Age: Are you older than fifty years?

Yes No

Neck size: Does your neck measure more than 15 ¼ inches around?

Yes No

Gender: Are you male?

Yes No

Height	Weight
4'10"	167
4'11"	173
5'0"	179
5'1"	185
5'2"	191
5'3"	197
5'4"	204
5'5"	210
5'6"	216
5'7"	223
5'8"	230
5'9"	237
5'10"	243
5'11"	250
6'0"	258
6'1"	265
6'2"	272
6'3"	279
6'4"	287
6'5"	295

Heights/weights above correspond to a BMI of 35.

If you answered **YES** to three or more questions, you are at high risk for apnea.