

Obstructive Sleep Apnea Screening  
"STOP-BANG"

- 1) Do you snore loudly? (loud enough to be heard through closed doors)
- 2) Do you often feel tired, sleepy, or fatigued during the daytime?
- 3) Has anyone observed you stop breathing in your sleep?
- 4) Are you being treated for high blood pressure?
- 5) BMI greater than 35?
- 6) Age greater than 50?
- 7) Neck circumference greater than 40 cm? (15 ¾ inches)
- 8) Gender male?

Answering yes to four or more questions makes the patient high risk for OSA.  
Refer for sleep study.