Sleep Apnea Self-Assessment

Do you or a loved one have a Sleep Disorder?

STOP-BANG Questionnaire - A Scientific Tool to Screen Patients for Obstructive Sleep Apnea (OSA)

	YES	NO
1. Snoring Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?	☐	☐
2. Tired Do you often feel tired, fatigued, or sleepy during daytime?	☐	☐
3. Observed Has anyone observed you stop breathing during your sleep?	☐	☐
4. Blood Pressure Do you have or are you being treated for high blood pressure?	☐	☐
5. BMI Is your BMI more than 35 kg/m2?	☐	☐
6. Age Are you over 50 years old?	☐	☐
7. Neck Circumference Is your neck circumference greater than 40 cm?	☐	☐
8. Gender Are you a male?	☐	☐

3 or More "Yes" responses = High risk of OSA
3 or Less "Yes" responses = Low risk of OSA

If you had 3 or more "Yes" responses, you may have undiagnosed Obstructive Sleep Apnea (OSA) which can be successfully treated. Please call the SoFHA Sleep Center @ (423) 794-5890 to speak with a Sleep Technologist.