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Sleep Apnea Screening Questionnaire – 'STOP BANG'

This a revision of the popular STOP BANG sleep apnea screening questionnaire. The scoring system is at the bottom.

[fruitful_sep]

Sleep Apnea Screening

Questions

Yes = 1

No = 0

Do you SNORE loudly?

Do you often feel tired, fatigued, or sleepy during the daytime?

Do you have or are you being

treated for high blood pressure?

Are you obese/ very overweight

- BMI more than 35 kg/m2?

Neck Circumference >16 inches?

Are you male?

Add Up Your Score ->

0-2, low risk of sleep apnea

3 – 4 intermediate risk of having

sleep apnea

5 – 8 then you are at high risk of

having sleep apnea

Sleep Apnea Screening Test Infographic

Sleep Apnea

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SLEEP APNEA

Screening Test

How Do You Score?

	Yes = 1	
Yes/No		Snoring? Do you find that you snore very loudly?
Yes/No		Tired? Lorem ipsum dolor sit amet, consectetur adipiscing elit. Sed purrs neque.
Yes/No		Observed? Has anyone observed you stop breathing during your sleep?
Yes/No		Blood Pressure? Do you have or are you being treated for high blood pressure?
Yes/No		BMI? Are you obese/ very overweight – BMI more than 35 kg/m2?
Yes/No		Age? Are you over 50 years old?
Yes/No	,	Neck Thickness? Is your neck Circumference greater than 16 inches?
Yes/No		Gender Are you male?
		Your total

O - 2, then low risk of sleep apnea 3-4 then you are at intermediate risk of having sleep apnea 5-8 of the above, then you are at high risk of having sleep apnea

SOURCE: Toronto Western Hospital, University Health Network University of Toronto American Sleep Association_®

Source: www.stopbang.ca

Toronto Western Hospital, University Health Network

University of Toronto

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2 Replies to "Sleep Apnea Screening Questionnaire - 'STOP BANG"

Tony March 28, 2017 at 8:41 pm

Reply

Can I wear adult diapers for bedwetting at night for my sleep test overnight

Trudi Wride April 25, 2017 at 3:01 am

Reply

So how does this neck size work for someone who's 6ft 4?

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