

STOP-BANG-Questionnaire

- Yes No **Snoring?**
 Do you snore loudly (so loudly that it can be heard through closed doors or that your bed neighbor bumps you at night with your elbow because you snore)?
- Yes No **Tired?**
 Are you often tired, exhausted or sleepy during the day (e.g. do you fall asleep while driving a car)?
- Yes No **Noticed?**
 Has anyone ever noticed that you stop breathing in your sleep or don't get any air / gasp for air?
- Yes No **Blood pressure?**
 Do you have high blood pressure or are you being treated for it?
- Yes No **Body mass index over 35 kg/m²?**
- Yes No **Are you over 50 years old?**
- Yes No **Large collar size? (Measured around the larynx)**
 For men: do you have a collar size of 43 cm or more?
For women: do you have a collar size of 41 cm or more?
- Yes No **Gender = Male**

Evaluation criteria:

For the general population:

Low risk of OSA: 0-2 questions answered yes
Medium risk of OSA: 3-4 questions answered yes
High risk of OSA: 5-8 questions answered yes
or at least 2 of the 4 first questions answered yes + male gender
or at least 2 of the 4 first questions answered yes + BMI > 35 kg/m²
or at least 2 of the 4 first questions answered yes + neck circumference
(43 cm for men, 41 cm for women)

Property of the University Health Network, more information at: www.stopbang.ca
Modified from Chung F et al. Anesthesiology 2008; 108: 812-21, Chung F et al Br J Anaesth 2012; 108: 768-75, Chung F et al J Clin Sleep Med Sept 2014

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