

Adrian Mobilia D.D.S.
10064 Arrow Rte. Rancho Cucamonga, CA 91730
909-987-5522

STOP-BANG SCALE

Name: _____ Age: _____

High: _____ inches Weight: _____ pounds

Neck circumference: _____ inches

The STOP-BANG Scale is used as screening tool to determine the need for further testing in cases where Obstructive Sleep Apnea is suspected. This questionnaire is just a subjective test and does not determine a diagnosis.

Instructions:

Please answer the questionnaire below. Then total the number of affirmative responses.

	Questionnaire	Yes	No
S noring	Do you snore loudly? (louder than talking)		
T ired	Do you often feel tired, fatigued or sleepy during daytime?		
O bserved	Has anyone noticed you stop breathing during your sleep?		
blood P ressure	DO you have or have you been treated for high blood pressure?		
B MI	Is your BMI higher than 32?		
A ge	Is age over 50?		
N eck	Is your neck size greater than 16 (female) or 17 (male)?		
G ender	Is gender male?		
	Total number of affirmative answers		

Interpretation:

If the total number of affirmative answers is 3 or more, additional testing may be recommended.

Scores 5-8 are correlated with high chance of moderate/severe Obstructive Sleep Apnea. (*Br J Anaesth. May 2012; 108(5): 768-775*)

How to calculate your BMI? $BMI = \frac{W}{(H \times H)} \times 703$