STOP-Bang Scoring Tool To Detect Suspected Obstructive Sleep Apnea (OSA)

Directions for Use: Ask your patient the following questions.

Snore Tired	1. Do you S nore loudly? (louder than talking or loud enough to be heard through closed doors)	Yes / No
Observed Pressure	 Do you often feel Tired, fatigued, or sleepy during daytime? 	Yes / No
BMI Age	3. Has anyone O bserved you stop breathing during your sleep?	Yes / No
Neck Gender	4. Do you have, or are you being treated for, high blood P ressure?	Yes / No
	5. B MI more than 35? (see BMI chart on reverse side, ht (in) wt (lbs))	Yes / No
	6. A ge – Over 50 yr old?	Yes / No
	7. Neck circumference greater than (17"-male) or (16"-female)?	Yes / No
	8. G ender – Male?	Yes / No

Acuity: Three "Yes" responses place the patient in the category of suspected high risk of having Obstructive Sleep Apnea (OSA).

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Source: Adapted from Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults. The Evidence Report.