

**Atlantic Health Sleep Centers**

Atlantichealth.org/sleepcenters ~ 866-906-5666

Morristown Medical Center • Overlook Medical Center • Goryeb Children's Hospital  
Chilton Medical Center • • Hackettstown Medical Center

**The STOP- BANG Questionnaire****A Screening Tool for Individuals for Obstructive Sleep Apnea (OSA)**

1. Do you **S**nore loudly (louder than talking or loud enough to be heard through closed doors)?  Yes  No
2. Do you often feel **T**ired, fatigued, or sleepy during daytime?  Yes  No
3. Has anyone **O**bserved you stop breathing during your sleep?  Yes  No
4. Do you have or are you being treated for high blood **P**ressure?  Yes  No
5. **B**ody Mass Index (BMI) more than 35 (use the formula to calculate your BMI)?  
 Yes  No

$$BMI = \frac{BMI \text{ Formula: } (your \text{ weight in pounds } \times 703)}{(your \text{ height in inches } \times your \text{ height in inches})}$$

6. **A**ge over 50 yr old?  Yes  No
7. **N**eck circumference greater than 40 cm (16 inches)?  Yes  No
8. **G**ender male?  Yes  No

**SCORING:**

- Answering "yes" to three or more of the eight questions indicates that you are at **High Risk** for OSA.
- Answering "yes" to less than three questions indicates that you are **Low Risk** for OSA.

If you scored in the **High Risk** for OSA category, a sleep study or an evaluation by a sleep physician may be warranted.

For more information, questions or concerns call an Atlantic Health Sleep Center (listed above) and ask to speak to a sleep professional.