

STOP-Bang Questionnaire (Table Format)

Question	Yes / No
1. Do you snore loudly (loud enough to be heard through closed doors)?	
2. Do you often feel tired, fatigued, or sleepy during the daytime?	
3. Has anyone observed you stop breathing during your sleep?	
4. Do you have or are you being treated for high blood pressure?	
5. Is your BMI greater than 35?	
6. Are you older than 50 years?	
7. Is your neck circumference greater than 40 cm?	
8. Are you male?	

When to Consider a Sleep Study:

- A score of 5 or more suggests high risk and warrants further assessment, including a sleep study.
- A score of 3-4 with significant symptoms may also justify referral for sleep testing.