



Sleep Apnea Questionnaire (STOPBANG)

This sleep questionnaire is designed to identify if you need further evaluation & treatment for sleep apnea. Emerging research has shows that treating sleep apnea improves your kidney function.

- S**nororing? Do you snore loudly (loud enough to be heard through closed doors or you bed-partner elbows you for snoring at night)? **YES NO**
- T**ired? Do you often feel tired, fatigued, or sleepy during the daytime? **YES NO**
- O**bserved? Has anyone observed you stop breathing or choking/gasping during your sleep? **YES NO**
- P**ressure? Are you being treated for high blood pressure? **YES NO**
- B**ody Mass Index (BMI) more than 35? **YES NO**
- A**ge older than 50 years old? **YES NO**
- N**eck size? For male: 17inches or greater
For Female: 16inches or greater? **YES NO**
- G**ender = Male? **YES NO**

If you can answer Yes to 2 or more of these questions, you should be evaluated for sleep apnea.

