

STOP-BANG SCORING MODEL

- 1. Snoring:**
Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?
Yes No

- 2. Tired:**
Do you often feel tired, fatigued, or sleepy during the daytime?
Yes No

- 3. Observed:**
Has anyone observed you stop breathing during your sleep?
Yes No

- 4. Blood Pressure:**
Do you have or are you being treated for high blood pressure?
Yes No

- 5. BMI (Body Mass Index):**
BMI more than 35 kg/m²?
Yes No

- 6. Age:**
Age over 50 years old?
Yes No

- 7. Neck circumference:**
Neck circumference greater than 40 cm?
Yes No

- 8. Gender: Male**
Yes No

High risk of OSA: answering yes to three or more items

Low risk of OSA: answering yes to less than three items