

S: Do you snore **loudly** (louder than talking or loud enough to be heard through closed doors)?

T: Do you often feel **tired**, fatigued or sleepy during the day?

O: Has anyone **observed** you not breathing during sleep?

P: Do you have or have you been treated for high blood **pressure**?

You have a high risk of sleep apnea if you answered "yes" to two or more of these questions.

B: Is your **Body Mass Index** more than 35 kg/m²?

A: Is your **age** more than 50 years old?

N: Is your **neck** circumference greater than 40 cm?

G: Is your **gender** male?

You have a high risk of sleep apnea if you answered "yes" to three or more of the eight "STOP-Bang" questions.