

STOP-BANG Sleep Apnoea Questionnaire

Chung F et al Anesthesiology 2008 and BJA 2012

Name _____

Height _____ cm Weight _____ kg

Age _____ yrs Male / Female _____

STOP

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

Yes No

Do you often feel **TIRED**, fatigued, or sleepy during daytime?

Yes No

Has anyone **OBSERVED** you stop breathing during your sleep?

Yes No

Do you have or are you being treated for high blood **PRESSURE**?

Yes No

BANG

BMI more than 35 kg/m²?

Yes No

AGE over 50 years old?

Yes No

NECK circumference > 16 inches (40 cm)?

Yes No

GENDER: Male?

Yes No

TOTAL SCORE

High risk of OSA: Yes 5 - 8

Intermediate risk of OSA: Yes 3 - 4

Low risk of OSA: Yes 0 - 2