

STOP-Bang Questionnaire

How to complete this Questionnaire:

• Please answer the questions below to the best of your ability, to help us & you determine if you might be at risk of obstructive sleep apnoea (OSA).

STOP	YES	NO
• Do you S nore loudly? (louder than talking or loud enough to be heard through closed doors or your bed-partner elbows you for snoring at night)?		
• Do you often feel T ired, fatigued, or sleepy during daytime?		
• Has anyone O bserved you stop breathing during your sleep?		
• Do you have or are you being treated for high blood P ressure?		
BANG	YES	NO
• Is your B ody Mass Index (BMI) ¹ more than 35kg/m ² ?		
• Is your A ge over 50 years?		
• Is your N eck circumference large? (measured around the adam’s apple) <ul style="list-style-type: none"> ○ For Males – Shirt collar 43cm or larger ○ For Females – Shirt collar 41cm of larger 		
• Is your G ender Male?		
TOTAL 8 x 1 (yes) = 8 Max	_____ _____	

¹ **BMI:** You can calculate your BMI by dividing your **Height** (in metres) by your **Weight**² (in kg) – alternatively, enter your weight and height into the following online calculator <http://healthyweight.health.gov.au/wps/portal/Home/helping-hand/bmi>

Scoring:

- Yes to 0 - 2 questions: **LOW** risk of OSA
- Yes to 3 - 4 questions: **Intermediate** risk of OSA
- Yes to 5 - 8 questions: **High** risk of OSA

If you score **3** or **higher**, you may have **OSA**, which is a risk to your health if untreated.

You may want to contact us to arrange a consultation with a MEG ENT Surgeon

Modified from:

Chung F et al. Anesthesiology 2008; 108: 812-821,
Chung F et al Br J Anaesth 2012; 108: 768-775,
Chung F et al J Clin Sleep Med Sept 2014.