

STOPBANG

Screening Tool for Obstructive Sleep Apnoea

Please answer the following questions below:

		Yes	No
S noring:	Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?		
T iredness or fatigue:	Do you often feel tired, fatigued or sleepy during the daytime – even after a good night's sleep?		
O bserved apnoea:	Has anyone ever observed you stop breathing during your sleep?		
P ressure:	Are you being treated for high blood pressure?		
B ody mass index over 35:	Height (meters): _____ Weight (kg): _____ BMI: _____		
A ge:	Are you older than 50 years?		
N eck size:	Does your neck measure more than 40 cm around? If yes, what is the measurement? _____ cm		
G ender:	Are you male?		

Score

If you have answered Yes to 3 or more of these questions, there is a likelihood of Obstructive Sleep Apnoea.