



MR TIM PRICE

EAR NOSE AND THROAT SURGEON

BSc, MBChB, MRCS, DLO; FRCS (ORL-HNS) and FRACS

STOP-BANG SLEEP APNEA QUESTIONNAIRE

Chung F et al Anesthesiology 2008 and BJA 2012

Name: _____ **Date:** _____

Date of Birth: _____ **Sex:** _____

Height: _____ **Weigh (kg):** _____

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 35kg/m ² ?	YES	NO
AGE over 50 years old?	YES	NO
NECK circumference > 16 inches (40cm)?	YES	NO
GENDER:	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