

# STOPBANG

## Screening Tool for Obstructive Sleep Apnoea

Please answer the following questions below:

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