

Obstructive Sleep Apnoea: STOP Bang Questionnaire

Is it possible that you have Obstructive Sleep Apnoea (OSA)?

Please answer the following questions below to determine if you might be at risk. Please take the [BMI Test](#) before completing this questionnaire.

S

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

Yes No

T

Do you often feel tired, fatigued, or sleepy during daytime?

Yes No

O

Has anyone observed you stop breathing during your sleep?

Yes No

P

Do you have or are you being treated for high blood pressure?

Yes No

B

Body Mass Index (BMI) more than 35?

Yes No

A

Age over 50?

Yes No

N

Neck circumference greater than 40cm?

Yes No

G

Gender male?

Yes No

Patient Signature:

Date:

Source: Chung F et al. Anesthesiology 2008; 108: 812-821, and Chung F et al Br J Anaesth. 2012; 108: 768-775

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