

STOP BANG!



- Do you **S**nore? Yes No
- Do you feel **T**ired, fatigued or sleepy during the day? Yes No
- Has anyone **O**bserved you stop breathing in your sleep? Yes No
- Do you have high blood **P**ressure? Yes No

Please count the number of "Yes" responses and put the number in this box
 There is a good chance you have sleep apnea if you have two "Yes" responses out of four.

NECK SIZE _____ cms / inches (circle) **HEIGHT** _____ cms / inches (circle) **WEIGHT** _____ kgs/lbs (circle)

B A N G

- B**
BMI > 35
- A**
AGE > 50
- N**
LARGE NECK SIZE
MEN - SHIRT COLLAR > 17"/43cms
WOMEN - SHIRT COLLAR > 16"/41cms
- G**
GENDER - MALE

BMI IS > 35	{	If height is in ft & weight in lbs is >	4'11"	5'0"	5'2"	5'4"	5'6"	5'8"	5'10"	6'0"	6'2"
		If height is in m & weight in kgs is >	1.67	1.79	1.91	2.04	2.16	2.30	2.50	2.58	2.72
			1.47	1.52	1.58	1.63	1.68	1.73	1.78	1.83	1.88
			75	81	86	92	97	104	113	116	122

If you count positive responses in **STOP** and **BANG** and three out of eight factors are applicable, you should have a sleep assessment.

STOP questionnaire: a tool to screen patients for obstructive sleep apnea. *Anesthesiology*. 2008 May;108(5):812-21
Chung F, Yegneswaran B, Liao P, Chung SA, Vairavanathan S, Islam S, Khajehdehi A, Shapiro CM.



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