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STOP-BANG Questionnaire

The STOP-BANG* questionnaire is used to screen for Obstructive Sleep Apnoea (OSA) and assesses if you are at low, moderate or high risk for Sleep Apnoea.

Please answer **Yes** or **No** to the following questions:

	Yes	No
Do you snore loudly? Loud enough to be heard through closed doors?		
Do you often feel tired, fatigued or sleepy during the daytime?		
Has anyone observed you stop breathing during your sleep?		
Do you or are you being treated for high blood pressure?		
Is your Body Mass Index (BMI)^ more than 35?		
Are you older than 50 years of age?		
Is your neck size large? (Males >17"; Females >16")		
Are you male?		
Total Score		

Yes to <2 questions: Low risk

Yes to 3-4 questions: Moderate risk

Yes to >5 questions: High risk

If you have answered and found that you are at moderate or high risk, consult your doctor to see if you need to investigate further. The Epworth Sleepiness Scale can also be used to further determine the necessity for a Sleep Study.

*Chung F, Yegneswaran B, Liao P, et al. STOP questionnaire: a tool to screen patients for obstructive sleep apnea. *Anesthesiology*. 2008;108:812–21.

^Body Mass Index (BMI) is determined by your weight (in kg) divided by your height (in m squared).