**STOP-BANG SCALE**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**High:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ inches Weight:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ pounds**

**Neck circumference:\_\_\_\_\_\_\_\_\_\_\_\_ inches**

The STOP-BANG Scale is used as screening tool to determine the need for further testing in cases where Obstructive Sleep Apnea is suspected. This questionnaire is just a subjective test and does not determine a diagnosis.

Instructions:

Please answer the questionnaire below. Then total the number of affirmative responses.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Questionnaire | Yes | No |
| **S**noring | Do you snore loudly? (louder than talking) |  |  |
| **T**ired | Do you often feel tired, fatigued or sleepy during daytime? |  |  |
| **O**bserved | Has anyone noticed you stop breathing during your sleep? |  |  |
| blood **P**ressure | DO you have or have you been treated for high blood pressure? |  |  |
| **B**MI | Is your BMI higher than 32? |  |  |
| **A**ge | Is age over 50? |  |  |
| **N**eck | Is your neck size greater than 16 (female) or 17 (male)? |  |  |
| **G**ender | Is gender male? |  |  |
|  | Total number of affirmative answers |  |  |

Interpretation:

If the total number of affirmative answers is 3 or more, additional testing may be recommended.

Scores 5-8 are correlated with high chance of moderate/severe Obstructive Sleep Apnea. *(Br J Anaesth. May 2012; 108(5): 768–775*)

How to calculate your BMI? BMI= W x 703

 (HxH)