## MID NORTH COAST SLEEP CLINIC

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## STOP BANG SLEEP TEST QUESTIONNAIRE

Please answer all questions	YES	NO
<b>Snoring:</b> Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?	•	C
Tired: Do you often feel tired, fatigued or sleepy during daytime?	0	0
Observed: Has anyone observe you stopping breathing during your sleep?	0	0
Blood pressure: Do you have or are you being treated for high blood pressure?	0	0
<b>BMI:</b> Is your BMI more than 35kg/m <sup>2</sup> ?	0	0
Age: Are you over 50 years old?	0	0
Neck Circumference: Is your neck circumference greater than 40cm/15¾"?	0	0
Gender: Are you male	0	0
is your score. Below 3 = low risk. 3 and above = high risk.		
Stop Bang Sleep Test Questionnaire: Copyright @ 2012   www.stopbang.ca   All Rights Reserved Frances Chung MBBS FRCPC		

STOP-Bang score of 3–8 identifies patients with high probability of moderate/severe OSA. The STOP-Bang score can help the healthcare team to stratify patients for unrecognized OSA, practice perioperative precautions, or triage patients for diagnosis and treatment.