STOP BANG QUESTIONNAIRE

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BALLARAT | GEELONG | HAMILTON | SUNSHINE | WARRNAMBOOL | HOBART

PATIENT DETAILS

Given Name

Surname

Date

Date of Birth

QUESTIONS

PLEASE TICK ALL THAT APPLIES. Each TICK EQUALS one score.

Does the patient SNORE loudly?	
Does the patient often feel TIRED, fatigued, or sleep during daytime?	
Has anyone OBSERVED the patient stop breathing during sleep?	
Does the patient have or is the pateint being treated for high blood pressure?	
Does the patient have a BMI more than 35?	
AGE over 50 years old?	
NECK circumference (shirt size) more than 40cm / 16 inches?	
Is the patient a MALE?	

TOTAL SCORE

SCORE INTERPRETATION

0 - 2 Low Risk of OSA
3 - 4 Intermediate Risk of OSA
5 - 8 High Risk of OSA