



THE  
BETTER SLEEP

CLINIC

## STOPBANG Screening Tool for Obstructive Sleep Apnoea

Please answer the following questions below:

		Yes	No
<b>Snoring:</b>	Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?		
<b>Tiredness or fatigue:</b>	Do you often feel tired, fatigued or sleepy during the daytime – even after a good night's sleep?		
<b>Observed apnoea:</b>	Has anyone ever observed you stop breathing during your sleep?		
<b>Pressure:</b>	Are you being treated for high blood pressure?		
<b>Body mass index over 35:</b>	Height (meters): _____ Weight (kg): _____ BMI: _____		
<b>Age:</b>	Are you older than 50 years?		
<b>Neck size:</b>	Does your neck measure more than 40 cm around?  If yes, what is the measurement? _____ cm		
<b>Gender:</b>	Are you male?		

Score

If you have answered Yes to 3 or more of these questions, there is a likelihood of Obstructive Sleep Apnoea.