

# STOP

# BANG



Do you **S**nore?

Yes  No

Do you feel **T**ired, fatigued or sleepy during the day?

Yes  No

Has anyone **O**bserved you stop breathing in your sleep?

Yes  No

Do you have high blood **P**ressure?

Yes  No

Please count the number of "Yes" responses and put the number in this box   
There is a good chance that you have Sleep Apnea if you have two 'yes' responses out of four.

My neck size is

\_\_\_\_\_ cms \_\_\_\_\_ inches

My height is

\_\_\_\_\_ cms \_\_\_\_\_ inches

My weight is

\_\_\_\_\_ kgs \_\_\_\_\_ lbs

## B

BMI > 35

## A

Age > 50

## N

Neck Size > 40cm  
> 15.7"

## G

Gender - Male

If height is in ft	4'11"	5'0"	5'2"	5'4"	5'6"	5'8"	5'10"	6'0"	6'2"	
& weight in lbs is >	167	179	191	204	216	230	250	258	272	
If height is m	1.47	1.52	1.58	1.63	1.68	1.73	1.78	1.83	1.88	1.93
& weight in kgs is >	75	81	86	92	97	104	113	116	122	129

**Then body mass index (BMI) kg/m<sup>2</sup> is > 35**

If you count positive responses in STOP and BANG and three out of eight factors are applicable then you should have a sleep assessment.