

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.

B			A		N				G		
BMI >35			Age >50 y					Neck Size > 40cm > 15.7”		Gender - Male	
If height is 6’4” & weight is > 287	ft. in.	4’10”	5’0”	5’2”	5’4”	5’6”	5’8”	5’10”	6’0”	6’2”	
	lbs.	167	179	191	204	216	230	250	258	272	
If height is 193 & weight is > 129	cm	147	152	158	163	168	173	178	183	188	
	kg	75	81	86	92	97	104	113	116	122	

Then BMI kg/m² 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.