

# 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

|                      | 4'11" | 5'0" | 5'2" | 5'4" | 5'6" | 5'8" | 5'10" | 6'0" | 6'2" |      |
|----------------------|-------|------|------|------|------|------|-------|------|------|------|
| 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.