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STOP BANG QUESTIONNAIRE

Yes	No	Snoring?
0	0	Do you snore loudly (loud enough to be heard
		through closed doors or your bed partner elbows
		you for snoring at night)?
Yes	No	Tired?
0	0	Do you often feel tired, fatigued, or sleepy during the
		daytime (such as falling asleep during driving)?
Yes	No	Observed?
0	0	Has anyone observed you stop breathing or choking/
		gasping during your sleep?
Yes	No	Pressure?
0	0	Do you have or are being treated for high blood
		pressure?
Yes	No	
0	0	Body mass index more than 35 kg/m ² ?
Yes	No	
0	0	Age older than 50 years?
		Neck size large? (measured around Adam's
		apple)
Yes	No	For male, is your shirt collar 17 inches or larger?
0	0	For female, is your shirt collar 16 inches or larger?
Yes	No	
0	0	Sex = male?

To fulfil medicare criteria for a GP referral for a sleep study STOP BANG must be \geq 4 (+ ESS \geq 8).