

STOP BANG QUESTIONNAIRE

Yes	No	Snoring?
<input type="radio"/>	<input type="radio"/>	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?
<input type="radio"/>	<input type="radio"/>	Do you often feel tired, fatigued, or sleepy during the daytime (such as falling asleep during driving)?
Yes	No	Observed?
<input type="radio"/>	<input type="radio"/>	Has anyone observed you stop breathing or choking/gasping during your sleep?
Yes	No	Pressure?
<input type="radio"/>	<input type="radio"/>	Do you have or are being treated for high blood pressure?
Yes	No	Body mass index more than 35 kg/m²?
<input type="radio"/>	<input type="radio"/>	
Yes	No	Age older than 50 years?
<input type="radio"/>	<input type="radio"/>	
		Neck size large? (measured around Adam's apple)
Yes	No	For male, is your shirt collar 17 inches or larger?
<input type="radio"/>	<input type="radio"/>	For female, is your shirt collar 16 inches or larger?
Yes	No	Sex = male?
<input type="radio"/>	<input type="radio"/>	

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