

**STOP BANG – Measures how likely are you to have OSA?**

Situation	Yes/No
S—snoring: do you snore loudly?	
T—tired: do you feel tired, sleepy during waking hours?	
O—observed: has anyone observed you stop breathing during sleep?	
P—blood pressure: are you being treated or have you been treated for hypertension?	
B—BMI: body mass index >35	
A—age: age over 50 years	
N—neck: neck circumference greater than 40 cm	
G—gender: male gender	
<b>TOTAL</b>	

**Risk level for OSA      Scoring of Yes answers**

Low risk                      0–2

Intermediate risk            3–4

High risk                      5–8

If your score is over 3 or over you are at risk of having obstructive sleep apnoea. Please consult your GP for possible referral to a Sleep Clinic

Developed by Chung F, Yegneswaran B, Liao P, Chung SA, Vairavanathan S, Islam S, Khajehdehi A, Shapiro C: *STOP Questionnaire A Tool to Screen Patients for Obstructive Sleep Apnea*, 2008.

**SLEEP APNOEA TRUST ASSOCIATION**

WORKING TO IMPROVE THE LIVES OF SLEEP APNOEA PATIENTS, THEIR PARTNERS AND FAMILIES

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The Sleep Apnoea Trust is mainly managed by unpaid volunteers

**Disclaimer**

*The information in this publication is given for general information purposes only. It is in no way intended to replace the professional medical care, advice, diagnosis, or treatment of a doctor. If you are worried about any aspect of your health, you should consult a doctor in person.*