Dr Iain Butler
Ear, Nose & Throat Specialist

MBChB MMed (ORL) (UFS)
PR No. 0299111 MP0521612

Suite 405 St George's Hospital
Park Drive, Port Elizabeth, 6001
PO Box 7842, Newton Park, 6055

Tel: +27 (0)41 492 3185
Fax2Email: +27 86 439 5357
reception@drbutler.co.za
www.drbutler.co.za

Obstructive Sleep Apnoea

Name:

Date:

Please help me assess your risk of obstructive sleep apnoea by completing the following questionnaire. Thank you!

STOP BANG Questionnaire

Please answer each of the following questions by marking the 'yes' or 'no' box for each question.

	Yes	No
Snoring: Do you snore loudly?		
Tiredness: Do you often feel tired/ fatigued or sleepy during the daytime?		
Observed Apnoea: Has anyone observed that you stop breathing, choke or gasp during your sleep?		
High Blood Pressure: Do you have or are you being treated for high blood pressure?		
BMI: Is your body mass index > 35kg/m^2?		
Age: Are you older than 50y?		
Neck circumference: Is your neck circumference > 40cm/15,75inches?		
Gender: Are you male?		

Score 1 point for each 'Yes' answer:

Total: ___/8

1-2 points: low risk
3-4 points: intermediate risk
5 or more: high risk