

Stop Bang Sleep Test Questionnaire

Please answer all questions	YES	NO
Snoring: Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?	<input type="radio"/>	<input type="radio"/>
Tired: Do you often feel tired, fatigued or sleepy during daytime?	<input type="radio"/>	<input type="radio"/>
Observed: Has anyone observe you stopping breathing during your sleep?	<input type="radio"/>	<input type="radio"/>
Blood pressure: Do you have or are you being treated for high blood pressure?	<input type="radio"/>	<input type="radio"/>
BMI: Is your BMI more than 35kg/m ² ?	<input type="radio"/>	<input type="radio"/>
Age: Are you over 50 years old?	<input type="radio"/>	<input type="radio"/>
Neck Cimrcumferce: Is your neck circumference greater than 40cm/15¾"?	<input type="radio"/>	<input type="radio"/>
Gender: Are you male?	<input type="radio"/>	<input type="radio"/>

is your score. Below 3 = low risk. 3 and above = high risk.

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Epworth Sleepiness Scale (ESS) Sleep Test Questionnaire

Please answer all questions	0	1	2	3
	Would never doze	Slight chance of dosing	Moderate chance of dosing	High chance of dosing
Sitting & reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watching television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitting inactive in public place, for example a theatre or meeting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As a passānger in a car for an hour without a break	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lying down to rest in the afternoon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitting and talking to someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitting quietly after lunch (when you've had alcohol)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In a car while stopped in traffic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

is your score. Scores above nine indicate the need for a sleep specialist.

Name: _____

Date: _____