

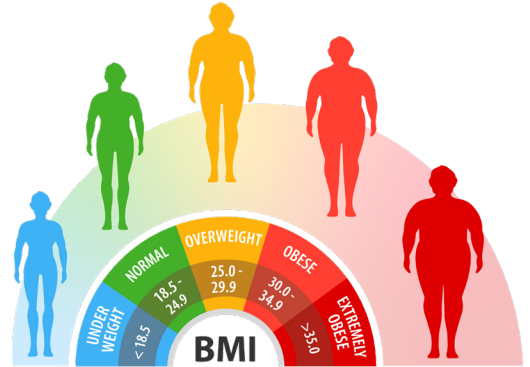
STOP-BANG Questionnaire

To help determine whether you are at risk of suffering from Obstructive Sleep Apnoea (OSA) - a potentially life-threatening condition if left untreated - please answer the following questions.

Body Mass Index (BMI) Test

Before proceeding, please take a Body Mass Index (BMI) test and make a note of your score.

BMI calculators can be found online and are quick and easy to do. You will need your height and weight to complete. Alternatively, you can use the formula: **WEIGHT (KG)/HEIGHT (M)²**.



	Yes	No
S Do you snore loudly? Louder than talking or enough to be heard through closed doors?	<input type="checkbox"/>	<input type="checkbox"/>
T Do you often feel tired , fatigued, or sleepy during the daytime?	<input type="checkbox"/>	<input type="checkbox"/>
O Has anyone observed you stop breathing during your sleep?	<input type="checkbox"/>	<input type="checkbox"/>
P Do you have or are you being treated for high blood pressure ?	<input type="checkbox"/>	<input type="checkbox"/>
B Is your Body Mass Index (BMI) more than 35?	<input type="checkbox"/>	<input type="checkbox"/>
A Are you aged over 50?	<input type="checkbox"/>	<input type="checkbox"/>
N Is your neck circumference greater than 40cm?	<input type="checkbox"/>	<input type="checkbox"/>
G Is your gender male?	<input type="checkbox"/>	<input type="checkbox"/>

Calculate Your Results

The following figures relate to the number of questions that you answered 'Yes' for, and, as a result, your OSA risk level:

0-2 LOW RISK

3-4 MEDIUM RISK

5-8 HIGH RISK

If you fall into the MEDIUM or HIGH risk categories, please consult your dentist for further advice and they will assist accordingly.

