

How likely are you to doze off or fall asleep in the following situations? Use the following scale to tell us how likely you are to doze by circling the appropriate number:

|   | 0         | 1             | 2               | 3           |
|---|-----------|---------------|-----------------|-------------|
|   | no chance | slight chance | moderate chance | high chance |
| Sitting and reading . . . . .   | 0         |               | 2               | 3           |
| Lying down to rest in the afternoon when circumstances permit . . . . .     | 0         |               | 2               | 3           |
| Watching television . . . . .   | 0         |               | 2               | 3           |
| Sitting and talking to someone . . . . .                                    | 0         |               | 2               | 3           |
| Sitting inactive in a public place (such as a theatre or meeting) . . . . . | 0         |               | 2               | 3           |
| Sitting quietly after a lunch without alcohol . . . . .                     | 0         |               | 2               | 3           |
| As a passenger in a car for an hour without a break . . . . .               | 0         |               | 2               | 3           |
| In a car, while stopped for a few minutes in traffic . . . . .              | 0         |               | 2               | 3           |

**Total Score** \_\_\_\_\_

**STOP**

|                        |  |          |
|------------------------|--|----------|
| <b>S</b> (snore)       | Have you been told that you snore?   | YES / NO |
| <b>T</b> (tired)       | Are you often tired during the day?  | YES / NO |
| <b>O</b> (obstruction) | Do you know if you stop breathing or has anyone witnessed you stop breathing while you are asleep? | YES / NO |
| <b>P</b> (pressure)    | Do you have high blood pressure or on medication to control high blood pressure?                   | YES / NO |

**BANG**

|                   |  |          |
|-------------------|--|----------|
| <b>B</b> (BMI)    | Is your body mass index greater than 28?   | YES / NO |
| <b>A</b> (age)    | Are you 50 years old or older?   | YES / NO |
| <b>N</b> (neck)   | Are you a male with a neck circumference greater than 17 inches, or a female with a neck circumference greater than 16 inches. | YES / NO |
| <b>G</b> (gender) | Are you male?  | YES / NO |