STOP-Bang Questionnaire

Please answer the following questions below to determine if you may be at risk:

YES	NO		
☐	☐	S	Do you **Snore Loudly** (loud enough to be heard through closed doors or your bed-partner elbows you for snoring at night)?
☐	☐	T	Do you often feel **Tired**, **Fatigued**, or **Sleepy** during the daytime (such as falling asleep during driving or talking to someone)?
☐	☐	O	Has anyone **Observed you Stop Breathing** or **Choking/Gasping** during your sleep?
☐	☐	P	Do you have or are you being treated for **High Blood Pressure**?
☐	☐	B	Body Mass Index more than 35 kg/m^2?
☐	☐	A	Age older than 50?
☐	☐	N	Neck size large? (Measured around Adams apple)
☐	☐	G	Gender = Male?

For general population

OSA - Low Risk: Yes to 0 - 2 questions

OSA - Intermediate Risk: Yes to 3 - 4 questions

OSA - High Risk: Yes to 5 - 8 questions

or Yes to 2 or more of 4 STOP questions + male gender

or Yes to 2 or more of 4 STOP questions + BMI > 35kg/m^2

or Yes to 2 or more of 4 STOP questions + neck circumference 16 inches / 40cm

MLI

Modified from Chung F et al. Anesthesiology 2008; 108: 812-821, Chung F et al Br J Anaesth 2012; 108: 768-775, Chung F et al J Clin Sleep Med Sept 2014.