

Updated STOP-Bang Questionnaire

Snoring?

- Yes No
 Do you **Snore Loudly** (loud enough to be heard through closed doors or your bed-partner elbows you for snoring at night)?

Tired?

- Yes No
 Do you often feel **Tired, Fatigued, or Sleepy** during the daytime (such as falling asleep during driving or talking to someone)?

Observed?

- Yes No
 Has anyone **Observed** you **Stop Breathing** or **Choking/Gasping** during your sleep?

Pressure?

- Yes No
 Do you have or are being treated for **High Blood Pressure**?

Body Mass Index more than 35 kg/m²?

- Yes No

Age older than 50 year old?

- Yes No

Neck size large? (Measured around Adams apple)

- Yes No
 For male, is your shirt collar 17 inches/43 cm or larger?
For female, is your shirt collar 16 inches/41 cm or larger?

Gender = Male?

- Yes No

Scoring Criteria:

For general population

Low risk of OSA: Yes to 0-2 questions

Intermediate risk of OSA: Yes to 3-4 questions

High risk of OSA: 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 > 35 kg/m²

or Yes to 2 or more of 4 STOP questions + neck circumference

(17"/43cm in male, 16"/41cm in female)

Proprietary to University Health Network. www.stopbang.ca

Modified from: Chung F et al. Anesthesiology 2008; 108:812-21; Chung F et al. Br J Anaesth 2012, 108:768-75; Chung F et al. J Clin Sleep Med 2014;10:951-8.