

## STOP-Bang Questionnaire

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### **S**noring?

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

### **T**ired?

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

### **O**bserved?

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

### **P**ressure?

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

### **B**ody Mass Index more than 35 kg/m<sup>2</sup>?

- Yes    No

### **A**ge older than 50 year old?

- Yes    No

### **N**eck size large? (Measured around Adams apple)

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

### **G**ender = 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

Yes to 2 of 4 STOP questions + individual's gender is male

Yes to 2 of 4 STOP questions + BMI >35 kg/m<sup>2</sup>

### For morbidly obese population (BMI >30 kg/m<sup>2</sup>)

**Low risk of OSA:** Yes to 0-3 questions

**Intermediate risk of OSA:** Yes to 4-5 questions

**High risk of OSA:** Yes to 6-8 questions

Yes to 2 of 4 STOP questions + individual's gender is male

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Please contact [www.stopbang.ca](http://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 ObesSurg 2013; 23: 2050-57, Chung F et al J Clin Sleep Med Sept 2014