



STOP-BANG Questionnaire

YES NO

Snoring?

Do you **Snore Loudly** (loud enough to be heard through closed doors or your bedroom partner elbows you at night?)

YES NO

Tired?

Do you often feel **Tired, Fatigued, or Sleepy** during the daytime (such as falling asleep during driving)

YES NO

Observed?

Has anyone **Observed** you **Stop Breathing** or **Choking/Gasping** during your sleep?

YES NO

Pressure?

Do you have or are being treated for **High Blood Pressure**?

YES NO

Body Mass Index more than 35kg/m²?

YES NO

Age older than 50 years old?

YES NO

Neck size large? (Measured around Adams apple)

For male is your shirt collar 17 inches/43 cm or larger?

For female, is your shirt collar 16 inches/41cm or larger?

YES NO

Gender = Male?

Scoring Criteria:

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 and male gender

Or Yes to 2 or more of 4 STOP questions and BMI>35kg/m²

Or Yes to 2 or more of 4 STOP questions and neck circumference

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 Sept 2014

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