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

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