

## Updated STOP-Bang Questionnaire

---

### **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 (tired enough that you could fall asleep while 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 you 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 years old?

- Yes    No

### **N**eck size: Is it 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?

### **G**ender: Male?

- Yes    No

### Scoring Criteria:

**For general population**

**Low risk of OSA (Obstructive Sleep Apnoea):** 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/m<sup>2</sup>

or Yes to 2 or more of 4 STOP questions + neck circumference  
(17"/43cm in male, 16"/41cm in female)

Property of University Health Network, for further info: [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 J Clin Sleep Med Sept 2014