

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)?

Observed?

- Yes No Has anyone **observed** you **stop breathing** or **choking/gasping** during your sleep?

Pressure?

- Yes No Do you have or are you being treated for **high blood pressure**?

Body mass index more than 35 kg/m²?

- Yes No

Age older than 50 years old?

- Yes No

Neck size large?(measured around Adam's apple)

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

Gender = 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/m²

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

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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