

## Updated 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 or talking to someone)?

### **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/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:** 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)

Proprietary to University Health Network. [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 2014;10:951-8.