

STOP-Bang Questionnaire (2014)

Please answer the following questions below to determine if you are at risk of obstructive sleep apnea (OSA).

Snoring?

Yes No
 Do you **Snore Loudly** (loud enough to be heard through closed doors or your partner has to wear ear plugs or elbow you at night)?

Tired?

Yes No
 Do you often feel **Tired, Fatigued, or Sleepy** during the daytime?

Observed?

Yes No
 Has anyone **Observed** you **Stop Breathing** during your sleep?

Pressure?

Yes No
 Do you have or are being treated for **High Blood Pressure**?

Body Mass Index more than 35 kg/m²?

Yes No

Age older than 50 year old?

Yes No

Neck size large?

Yes No
 For male, is your shirt collar 17 inches or larger?
 For female, is your shirt collar 16 inches or larger?

Gender = Male?

Yes No

Scoring Criteria:

For general population

Low risk of OSA: Yes to 0-2 questions

High risk of OSA: Yes to 3-4 questions

Very high risk of OSA: Yes to 5-8 questions

Or yes to two of STOP questions + male gender

Or yes to two of STOP + male + BMI >35kg/m².

For obese (BMI >35 kg/m²)

Lower risk of OSA: Yes to 0-3

High risk of OSA: Yes to 4-5 questions

Very high risk of OSA: Yes to 6-8 questions

Modified from Chung F et al. Anesthesiology 2008; 108: 812-821, Chung F et al Br J Anaesth 2012; 108: 768–775, Chung F et al Obes Surg 2013; 23: 2050-2057.