

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 $>35\text{kg/m}^2$.

For obese (BMI $>35\text{ kg/m}^2$)

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.