# STOP-Bang Questionnaire (2014)

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

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## 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)?

Yes No **Tired?**

Do you often feel **Tired, Fatigued, or Sleepy** during the daytime?

Yes No **Observed?**

Has anyone **Observed** you **Stop Breathing** during your sleep?

Yes No **Pressure?**

Do you have or are being treated for **High Blood Pressure**?

Yes No

## Body Mass Index more than 35 kg/m2?

Yes No

 

Yes No

## Age older than 50 year old?

**Neck size large?**

For male, is your shirt collar 17 inches or larger? For female, is your shirt collar 16 inches or larger?

Yes No

## Gender = Male?

**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.