

Updated STOP-Bang Questionnaire

First Name

Last Name

Date of Birth

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 or talking to someone)?

Observed?

Yes No Has anyone **Observed** you **Stop Breathing** or **Choking/Gasping** 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? (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?

Gender = 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/m²

or Yes to 2 or more of 4 STOP questions + neck circumference
(17"/43cm in male, 16"/41cm in female)