



MYOFUNCTIONAL SPOT

STOP-Bang Questionnaire

Is it possible that you have ...
Obstructive Sleep Apnea (OSA)?

Please answer the following questions below to determine if you might be at risk (circle your answers).

Snooring ?

Do you **Snore Loudly** (loud enough to be heard through closed doors or your bed-partner elbows you for snoring at night)?

Yes

No

Tired ?

Do you often feel **Tired, Fatigued, or Sleepy** during the daytime (such as falling asleep during driving or talking to someone)?

Yes

No

Observed ?

Has anyone **Observed** you **Stop Breathing** or **Choking/Gasping** 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?

Body Mass Index Calculator

cm / kg inches / lb

Height:

Weight:

BMI:

Yes

No

Age older than 50 ?

Yes

No

Neck size large ? (Measured around Adams apple)

Is your shirt collar 16 inches / 40cm or larger?

Yes

No

Gender = Male ?

For general population

OSA - Low Risk : Yes to 0 - 2 questions

OSA - Intermediate Risk : Yes to 3 - 4 questions

OSA - High Risk : 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 > 35kg/m²

or Yes to 2 or more of 4 STOP questions + neck circumference 16 inches / 40cm