



Name _____
Height _____ Weight _____
Age _____ Male / Female _____

The STOP Bang Questionnaire

Is it possible that you have Obstructive Sleep Apnea? Please answer the following questions to determine if you are at risk.

S noring ?	Do you Snore Loudly (loud enough to be heard through closed doors or your bed-partner elbows you for snoring at night)?	YES	NO
T ired?	Do you often feel Tired, Fatigued, or Sleepy during the daytime (such as falling asleep during driving or talking to someone)?	YES	NO
O bserved?	Has anyone Observed you Stop Breathing or Choking/Gasping during your sleep ?	YES	NO
P ressure?	Do you have or are being treated for High Blood Pressure ?	YES	NO
B MI	Body Mass Index more than 35 kg/m ² ?	YES	NO
A ge	Age older than 50 ?	YES	NO
N eck size	Neck size / shirt collar 16 inches / 40cm or larger? (Measured around Adams apple)	YES	NO
G ender	Gender = Male ?	YES	NO

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

This questionnaire is provided for educational purposes only. The STOP-Bang questionnaire is owned by Dr. Frances Chung and UHN. To license the questionnaire for any other use, including clinical use, visit the official questionnaire website, www.stopbang.ca for more information and an interactive version of the questionnaire.

References:

Chung F, Yegneswaran B, Liao P, et al. STOP questionnaire: a tool to screen patients for obstructive sleep apnea. *Anesthesiology* 2008; 108:812.

Chung F, Subramanyam R, Liao P, et al. High STOP-Bang score indicates a high probability of obstructive sleep apnoea. *Br J Anaesth* 2012; 108:768