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Screening

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.



Yes

No

Snoring ?

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:

Calculate

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 ?

[See Result](#)

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

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

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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 J Clin Sleep Med Sept 2014.



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