

STOP BANG Questionnaire

Name:					
Age:		DOB:			
Male Female	<input type="checkbox"/> <input type="checkbox"/>	Weight:	lb/kg	BMI	%
Height:		inches	Neck circumference*		inches

1. Do you snore loudly (Louder than talking or loud enough to be heard through closed doors)?

Yes No

2. Do you often feel tired, fatigued, or sleepy during the daytime?

Yes No

3. Has anyone observed you stop breathing during your sleep?

Yes No

4. Blood pressure Do you have or are you being treated for high blood pressure?

Yes No

5. BMI more than 35 kg/m²?

Yes No

6. Age over 50 yr old?

Yes No

7. Neck circumference greater than 40 cm?

Yes No

8. Gender male?

Yes No

* Neck circumference is measured by staff

- High risk of OSA: answering yes to three or more items
- Low risk of OSA: answering yes to less than three items

Adapted from: STOP Questionnaire A Tool to Screen Patients for Obstructive Sleep Apnea Frances Chung, F.R.C.P.C., • Balaji Yegneswaran, M.B.B.S., t Pu Liao, M.D.,t Sharon A. Chung, Ph.D.,§ Santhira Valravanathan, M.B.B.S.,_ Sazzadul Islam, M.Sc.,_ All Khajehdehl, M.D., t Colin M. Shapiro, F.R.C.P.C.# Anesthesiology 2008; 108:812-21 Copyright <CI 2008, the American Society of Anesthesiologists, Inc. Lippincott Williams & Wilkins, Inc.