STOP BANG Questionnaire

Height _____ inches/cm Weight _____ lb/kg Age _____ Male/Female BMI _____

Collar size of shirt: S, M, L, XL, or _____ inches/cm Neck circumference* _____ cm

1. Snoring Do you snore loudly (louder than talking or loud enough to be heard through closed doors)? Yes No

2. *T*ired Do you often feel *t*ired, fatigued, or sleepy during daytime? Yes No

3. *O*bserved Has anyone *o*bserved you stop breathing during your sleep? Yes No

4. Blood *p*ressure Do you have or are you being treated for high blood *p*ressure? Yes No

5. *B*MI *B*MI more than 35 kg/m2? Yes No

6. Age Age over 50 yr old? Yes No

7. Neck circumference Neck circumference greater than 40 cm? Yes No

8. Gender 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.,† Pu Liao, M.D.,‡ Sharon A. Chung, Ph.D.,§ Santhira Vairavanathan, M.B.B.S.,_ Sazzadul Islam, M.Sc.,_ Ali Khajehdehi, M.D.,† Colin M. Shapiro, F.R.C.P.C.# Anesthesiology 2008; 108:812–21 Copyright © 2008, the American Society of Anesthesiologists, Inc. Lippincott Williams & Wilkins, Inc.