

## STOP-Bang Questionnaire (2014)

Please answer the following questions below to determine if you are at risk of obstructive sleep apnea (OSA).

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### **S**noring?

Yes No  
  Do you **Snore Loudly** (loud enough to be heard through closed doors or your partner has to wear ear plugs or elbow you at night)?

### **T**ired?

Yes No  
  Do you often feel **Tired, Fatigued, or Sleepy** during the daytime?

### **O**bserved?

Yes No  
  Has anyone **Observed** you **Stop Breathing** during your sleep?

### **P**ressure?

Yes No  
  Do you have or are being treated for **High Blood Pressure**?

### **B**ody Mass Index more than 35 kg/m<sup>2</sup>?

Yes No

### **A**ge older than 50 year old?

Yes No

### **N**eck size large?

Yes No  
  For male, is your shirt collar 17 inches or larger?  
  For female, is your shirt collar 16 inches or larger?

### **G**ender = Male?

Yes No

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### Scoring Criteria:

#### For general population

**Low risk of OSA:** Yes to 0-2 questions

**High risk of OSA:** Yes to 3-4 questions

**Very high risk of OSA:** Yes to 5-8 questions

Or yes to two of STOP questions + male gender  
Or yes to two of STOP + male + BMI >35kg/m<sup>2</sup>.

**For obese (BMI >35 kg/m<sup>2</sup>)**

**Lower risk of OSA:** Yes to 0-3

**High risk of OSA:** Yes to 4-5 questions

**Very high risk of OSA:** Yes to 6-8 questions

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 Obes Surg 2013; 23: 2050-2057.