Updated STOP-Bang Questionnaire

**Snoring?**
- Yes
- No

Do you **Snore Loudly** (loud enough to be heard through closed doors or your bed-partner elbows you for snoring at night)?

**Tired?**
- Yes
- No

Do you often feel **Tired, Fatigued, or Sleepy** during the daytime (such as falling asleep during driving or talking to someone)?

**Observed?**
- Yes
- No

Has anyone **Observed** you **Stop Breathing** or **Choking/Gasping** during your sleep?

**Pressure?**
- Yes
- No

Do you have or are being treated for **High Blood Pressure**?

**Body Mass Index more than 35 kg/m²?**
- Yes
- No

**Age older than 50 year old?**
- Yes
- No

**Neck size large? (Measured around Adams apple)**
- Yes
- No

For male, is your shirt collar 17 inches/43 cm or larger?
For female, is your shirt collar 16 inches/41 cm or larger?

**Gender = Male?**
- Yes
- No

**Scoring Criteria:**
For general population
Low risk of OSA: Yes to 0-2 questions
Intermediate risk of OSA: Yes to 3-4 questions
High risk of OSA: 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 kg/m²
   or Yes to 2 or more of 4 STOP questions + neck circumference
      (17”/43cm in male, 16”/41cm in female)

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