**Updated STOP-Bang Questionnaire**

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**S**noring?

Yes   No  Do you **Snore Loudly** (loud enough to be heard through closed doors or your bed-partner elbows you for snoring at night)?

**T**ired?

Yes   No  Do you often feel **Tired, Fatigued, or Sleepy** during the daytime (such as falling asleep during driving)?

**O**bserved?

Yes   No  Has anyone **Observed** you **Stop Breathing** or **Choking/Gasping** during your sleep?

**P**ressure?

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

**B**ody Mass Index more than $35 \text{ kg/m}^2$?

Yes   No  **Age** older than 50 years old?

**N**eck size large? (Measured around Adams apple)

Yes   No  For male, is your shirt collar 17 inches/43 cm or larger?

Yes   No  For female, is your shirt collar 16 inches/41 cm or larger?

**G**ender = Male?

Scoring Criteria:

STOP-BANG (AU-eng) 15APR2015 FINAL
For general population
Low risk of obstructive sleep apnoea (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/m$^2$
   or Yes to 2 or more of 4 STOP questions + neck circumference
     (17”/43cm in male, 16”/41cm in female)

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