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 (tired enough that you could fall asleep while 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 you being treated for **High Blood Pressure**?

**B**ody Mass Index more than 35 kg/m²?

Yes  No

●  ●

**A**ge older than 50 years old?

Yes  No

●  ●

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

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?

Yes  No

●  ●

**Scoring Criteria:**

STOP-BANG (GB-eng) 16APR2015 FINAL
For general population
Low risk of OSA (Obstructive Sleep Apnoea): 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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