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)?

Observed?
Yes  No  Has anyone observed you stop breathing or choking/gasping during your sleep?

Pressure?
Yes  No  Do you have or are you being treated for high blood pressure?

Body mass index more than 35 kg/m²?
Yes  No

Age older than 50 years old?

Neck size large?(measured around Adam’s apple)
For male, is your shirt collar 43 cm or larger?
Yes  No
For female, is your shirt collar 41 cm or larger?

Gender = Male?

Scoring criteria:
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
      (43 cm in male, 41 cm in female)

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