



# Obstructive Sleep Apnea Awareness

## The STOP Bang Questionnaire

Is it possible that you have Obstructive Sleep Apnea? Please answer the following questions to determine if you are at risk.

<b>S</b> noring ?	Do you Snore Loudly (loud enough to be heard through closed doors or your bed-partner elbows you for snoring at night)?	YES	NO
<b>T</b> ired?	Do you often feel Tired, Fatigued, or Sleepy during the daytime (such as falling asleep during driving or talking to someone)?	YES	NO
<b>O</b> bserved?	Has anyone Observed you Stop Breathing or Choking/Gasping during your sleep ?	YES	NO
<b>P</b> ressure?	Do you have or are being treated for High Blood Pressure ?	YES	NO
<b>B</b> MI	Body Mass Index more than 35 kg/m <sup>2</sup> ?	YES	NO
<b>A</b> ge	Age older than 50 ?	YES	NO
<b>N</b> eck size	Neck size / shirt collar 16 inches / 40cm or larger? (Measured around Adams apple)	YES	NO
<b>G</b> ender	Gender = Male ?	YES	NO

### For general population

OSA - Low Risk: Yes to **0 - 2** questions

OSA - Intermediate Risk: Yes to **3 - 4** questions

OSA - High Risk: 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 > 35kg/m<sup>2</sup>

or Yes to 2 or more of 4 STOP questions + neck circumference 16 inches / 40cm

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#### References:

Chung F, Yegneswaran B, Liao P, et al. STOP questionnaire: a tool to screen patients for obstructive sleep apnea. *Anesthesiology* 2008; 108:812.

Chung F, Subramanyam R, Liao P, et al. High STOP-Bang score indicates a high probability of obstructive sleep apnoea. *Br J Anaesth* 2012; 108:768