



Appendix C: STOP-Bang Questionnaire

Is it possible that you have Obstructive Sleep Apnea (OSA)?

Please answer the following questions below to determine if you might be at risk.

STOP		
Snoring? Do you Snore Loudly (loud enough to be heard through closed doors or your bed-partner elbows you for snoring at night)?	Yes	No
Tired? Do you often feel Tired, Fatigued, or Sleepy during the daytime (such as falling asleep during driving or talking to someone)?	Yes	No
Observed? Has anyone Observed you Stop Breathing or Choking/Gasping during your sleep?	Yes	No
Pressure? Do you have or are being treated for High Blood Pressure?	Yes	No

Bang		
Body Mass Index more than 35 kg/m ² ?	Yes	No
Age older than 50?	Yes	No
Neck size large? (Measured around Adams apple) Is your shirt collar 16 inches / 40cm or larger?	Yes	No
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/m²

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

Property of University Health Network, available at <http://www.stopbang.ca/osa/screening.php>

Modified from:

Chung F et al. Anesthesiology 2008; 108: 812-821,

Chung F et al Br J Anaesth 2012; 108: 768-775,

Chung F et al J Clin Sleep Med Sept 2014.