

## **STOP BANG Questionnaire**

The STOP BANG questionnaire is used to determine your risk of developing obstructive sleep apnea. We encourage you to print this questionnaire and bring it to your next appointment with your doctor for further discussion.

Height _	inches/cm	Weight	_ lb/kg	Age	
Gender	(please circle one): Male F	emale		BMI	
Collar si	ze of shirt: S, M, L, XL, or $\_$	inches/cr	n	Neck circumference*	cm
Please c	ircle the answer to each que	estion:			
1. Do yo Yes	ou snore loudly (louder than No	talking or loud	d enough to be hear	d through closed doors)?	
2. Do yo Yes	ou often feel tired, fatigued, No	or sleepy duri	ng daytime?		
3. Has a Yes	nyone observed you stop b No	reathing during	g your sleep?		
4. Do yo Yes	ou have or are you being tre No	ated for high l	plood pressure?		
5. Is you Yes	ur BMI more than 35 kg/m2 No	?			
6. Are y Yes	ou over the age of 50? No				
7. Does Yes	your neck circumference me No	easure greater	than 40 cm?		
8. Are y Yes	ou male?				

## st Neck circumference as measured by medical staff

## **Results**

If you answered yes to three or more items, you have a high risk of developing obstructive sleep apnea. If you answered yes to fewer than three questions, you have a low risk of developing obstructive sleep apnea.

Adapted from the STOP Questionnaire: A Tool to Screen Patients for Obstructive Sleep Apnea. Frances Chung, FRCPC; Balaji Yegneswaran, MBBS; Pu Liao, MD; Sharon A. Chung, PhD; Santhira Vairavanathan, MBBS; Sazzadul Islam, MSc; Ali Khajehdehi, MD; Colin M. Shapiro, FRCPC. *Anesthesiology* 2008, 108:812–21 Copyright © 2008, American Society of Anesthesiologists Inc., Lippincott Williams & Wilkins Inc.