



STOP BANG Questionnaire

Name _____ Date: _____

Height _____ inches Weight _____ lbs. BMI _____ Age _____

Collar size of shirt: S M L XL, or _____ inches/cm

Neck circumference (measured by staff) _____ cm

Snoring: Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?

Yes No

Tired: Do you often feel tired, fatigued, or sleepy during the day?

Yes No

Observed: Has anyone observed that you stop breathing during your sleep?

Yes No

Blood **P**ressure: Do you have or are you being treated for high blood pressure?

Yes No

BMI more than 35 kg/m²?

Yes No

Age over 50 years?

Yes No

Neck circumference greater than 40 cm?

Yes No

Gender, male?

Yes No

High risk of obstructive sleep apnea: answering “yes” to 3 or more questions

Low risk of obstructive sleep apnea: answering “yes” to less than 3 questions

Adapted from:

STOP Questionnaire: A Tool to Screen Patients for Obstructive Sleep Apnea

Frances Chung, F.R.C.P.C., Balaji Yegneswaran, M.B.B.S., Pu Liao, M.D., Sharon A. Chung, Ph.D., Santhira Vairavanthan, M.B.B.S., Sazzadul Islam, M.Sc., Ali Khajehdehi, M.D., Colin M. Shapiro, F.R.C.P.C.

Anesthesiology 2008; 108:812-21 Copyright 2008, the American Society of Anesthesiologists, Inc. Lippincott Williams & Wilkins, Inc.