

STOP-Bang Scoring Model

	YES	NO
1. Snoring		
Do you <i>snore</i> (louder than talking or loud enough to be heard through closed doors)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Tired		
Do you feel <i>tired</i> , fatigued or sleepy during daytime?	<input type="checkbox"/>	<input type="checkbox"/>
3. Observed		
Has anyone <i>observe</i> you stopping breathing during your sleep?	<input type="checkbox"/>	<input type="checkbox"/>
4. Blood Pressure		
Do you have or are you being treated for <i>high blood pressure</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
5. BMI *		
<i>BMI</i> more than 35kg/m ²	<input type="checkbox"/>	<input type="checkbox"/>
6. Age -		
<i>age</i> over 50 years old?	<input type="checkbox"/>	<input type="checkbox"/>
7. Neck Circumference-		
<i>neck circumference</i> greater than 40cm or 20 in?	<input type="checkbox"/>	<input type="checkbox"/>
8. Gender		
<i>gender</i> -male?	<input type="checkbox"/>	<input type="checkbox"/>
Scoring		
Answering "yes" to three or more of the 8 questions indicates that you are High Risk for OSA.		
Answering "yes" to less than three questions indicates that you are Low Risk for OSA.		
If you scored in the High Risk for OSA category, a sleep study or an evaluation by a sleep specialist may be warranted.		
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 Vairavanathan, M.B.B.S.,_ Sazzadul Islam, M.Sc.,_ Ali Khajehdehi, M.D.,† Colin M. Shapiro, F.R.C.P.C.# <small>Anesthesiology 2008; 108:812–21 Copyright © 2008, the American Society of Anesthesiologists, Inc. Lippincott Williams & Wilkins, Inc.</small>		
*BMI = (your weight in pounds x 703) (your height in inches x your height in inches)		