

STOP-Bang Questionnaire

A Practical Approach to Screen for Obstructive Sleep Apnea

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Appendix 1: STOP-Bang questionnaire

Yes No **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)?

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
 Body Mass Index more than 35 kg/m²?

Yes No
 Age older than 50 year old?

Yes No **Neck size large? (Measured around Adams apple)**
 circumference greater than 40cm or 16 inches?

Yes No
 Gender = Male?

Scoring Algorithm for general population

Low risk of OSA: Yes to 0-2 questions

Moderate risk: Yes to 3-4 questions

High risk: Yes to 5-8 questions

Yes to 2 or more of 4 STOP questions + male gender

Yes to 2 or more of 4 STOP questions + BMI > 35 kg/m²

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

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Modified from Chung F et al. studies.^{20,33,43}