sleep metrics
Sleep well. Be well.

STOP-BANG QUESTIONNAIRE

SCREENING TOOL FOR OBSTRUCTIVE SLEEP APNEA

ANSWER THE FOLLOWING QUESTIONS TO DETERMINE YOUR RISK OF OSA.
Answering 2 or more STOP questions YES indicates high risk of OSA.

Have you taken a sleep study before? Y / N **Are you on CPAP now? Y / N**

		Y	N
S	**SNORING** 1. Do you snore loudly?	☐	☐
T	**TIRED** 2. Do you feel tired during the day?	☐	☐
O	**OBSERVED** 3. Has anyone observed you stop breathing during sleep?	☐	☐
P	**PRESSURE** 4. Do you have or are you being treated for high blood pressure?	☐	☐
B	**BMI** 5. Is your Body Mass Index 28 or greater? (chart on back)	☐	☐
A	**AGE** 6. Are you age 50 or older?	☐	☐
N	**NECK** 7. Is your neck circumference greater than 15.75 inches?	☐	☐
G	**GENDER** 8. Are you male or post-menopausal female?	☐	☐

PRINT NAME_____

CONTINUED ON BACK

Questionnaire adapted with permission from Chung F, Yegneswaran B, Liao P, Chung SA, Vairavanathen S, Islam S, Khajehdehi A, Shapiro CM. *Anesthesiology.* 2008;108(5):812-821

1-855-70-SLEEP sleepmetrics.com

STOP-BANG QUESTIONNAIRE (CONT.)

BMI CHART

BMI is >28 if weight is greater than listed for the corresponding height.

HEIGHT	WEIGHT
4'11"	138
5'0"	143
5'1"	148
5'2"	153
5'3"	156
5'4"	163
5'5"	168
5'6"	175
5'7"	178
5'8"	187
5'9"	189
5'10"	195
5'11"	200
6'0"	206
6'1"	212
6'2"	218
6'3"	224
6'4"	230
6'5"	235
6'6"	242

SCORING THE QUESTIONNAIRE

STOP portion only (questions 1-4)
Answering YES to 2 or more questions in the STOP portion of the questionnaire suggests a high risk for OSA.

Physician evaluation (questions 1-8)
Answering YES to 3 or more questions in the full questionnaire suggests a high risk for OSA.

VALIDATION OF THE QUESTIONNAIRE

The questionnaire was given to 2,467 preoperative patients in pilot and validation studies; 211 patients underwent overnight polysomnography.

Adding questions 5-8 to the STOP questionnaire increased the sensitivity of the screener to 100% for identifying severe OSA, and 93% for moderate OSA.

This questionnaire is intended to help you in your assessment of patients who may be at risk of OSA; it is not intended to replace your clinical judgment in the diagnosis of OSA.