STOP-BANG questionnaire

Obstructive sleep apnoea screening

Name _____

Date _____

Please answer yes or no to each of the following questions about your sleep and your health.

	Question	Yes	No
1	Snoring? Do you snore loudly (loud enough to be heard through closed doors or your bed-partner elbows you for snoring at night)?	1	0
2	Tired? Do you often feel tired, fatigued, or sleepy during the daytime (such as falling asleep during driving or talking to someone)?	1	0
3	Observed? Has anyone observed you stop breathing or choking/gasping during your sleep?	1	0
4	Pressure? Do you have or are being treated for high blood pressure?	1	0
5	Body mass index more than 35 kg/m²?	1	0
6	Age older than 50 years?	1	0
7	Neck size large? (Measured around Adam's apple.) For male, is your shirt collar 17 inches / 43 cm or larger? For female, is your shirt collar 16 inches / 41 cm or larger?	1	0
8	Gender male?	1	0

Chung, F. et al. (2008). STOP questionnaire. Anesthesiology, 108(5), 812–821. Updated STOP-Bang questionnaire, University Health Network, Toronto.

Scoring the STOP-BANG

For the practitioner. Detach before handing the questionnaire to a patient.

How to score it

1. Each answer scores the number printed beside it.
2. Add up items 1–8. The score runs from 0 to 8.
3. Find the score's band in the table further down.
4. If any question is unanswered, don't score the form.

Score

Scale	How	Range	Score	Band
Obstructive sleep apnoea risk	Add up items 1–8	0–8		

Bands

Obstructive sleep apnoea risk	Score
Low risk	0–2
Intermediate risk	3–4
High risk	5–8

STOP-BANG is a screening count, not a diagnosis. UHN also rates a patient high risk on 2 or more STOP answers plus male sex, a BMI over 35 or a large neck, whatever the total: check those combinations yourself.

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