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FAMILY DENTISTRY

STOP BANG Questionnaire

Patient Name: _____ Male/Female

Height _____ inches/cm Weight _____ lb/kg Age _____

BMI _____ (Calculated by staff)

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

Neck circumference* _____ cm (Measured by staff)

1. Do you snore loudly (louder than talking/loud enough to be heard through closed doors)? Yes No

2. Do you often feel tired, fatigued, or sleepy during daytime? Yes No

3. Has anyone observed you stop breathing during your sleep? Yes No

4. Do you have or are you being treated for high blood pressure? Yes No

5. BMI more than 35 kg/m2? Yes No

6. Age over 50 yr old? Yes No

7. Neck circumference greater than 40 cm? Yes No

8. Gender male? Yes No

High risk of OSA: answering yes to three or more items Low risk of OSA: answering yes to less than three items

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.# Anesthesiology 2008; 108:812–21