

## Updated STOP-Bang Questionnaire

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### **S**noring?

Yes No  
  Do you **Snore Loudly** (loud enough to be heard through closed doors or your bed-partner elbows you for snoring at night)?  
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### **T**ired?

Yes No  
  Do you often feel **Tired, Fatigued, or Sleepy** during the daytime (such as falling asleep during driving or talking to someone)?  
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### **O**bserved?

Yes No  
  Has anyone **Observed** you **Stop Breathing** or **Choking/Gasping** during your sleep?  
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### **P**ressure?

Yes No  
  Do you have or are being treated for **High Blood Pressure**?  
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### **B**ody Mass Index more than 35 kg/m<sup>2</sup>?

Yes No  
  **Body Mass Index** more than 35 kg/m<sup>2</sup>?  
!

### **A**ge older than 50 year old?

Yes No  
  **Age** older than 50 year old?  
!

### **N**eck size large? (Measured around Adams apple)

Yes No  
  For male, is your shirt collar 17 inches/43 cm or larger?  
For female, is your shirt collar 16 inches/41 cm or larger?  
!

### **G**ender = Male?

Yes No  
  **Gender** = Male?  
!

**Scoring Criteria:**