

Updated STOP-Bang Questionnaire

Snoring?

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

Tired?

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

Observed?

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

Pressure?

- Yes No
 Do you have or are being treated for **High Blood Pressure**?

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)

- 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?

Gender = Male?

- Yes No

Scoring Criteria: