

## STOP Questionnaire for Obstructive Sleep Apnea (OSA)

Height: \_\_\_\_\_ inches      Weight: \_\_\_\_\_ lbs

Age: \_\_\_\_\_ Male / Female      Body Mass Index (BMI): \_\_\_\_\_

Collar size of shirt: S M L XL or \_\_\_\_\_ inches      Neck Circumference: \_\_\_\_\_ cm / inches

### The STOP Test consists of Four Questions:

#### 1. Snoring

Do you snore loudly (louder than talking or loud enough to be heard through closed door)?

Yes      No

#### 2. Tired

Do you often feel tired, fatigued or sleepy during the day?

Yes      No

#### 3. Observed

Has anyone observed you stop breathing during your sleep?

Yes      No

#### 4. Blood Pressure

Do you have or are you being treated for high blood pressure?

Yes      No

**Total \_\_\_\_ Yes \_\_\_\_ No**

**High risk of OSA: answering yes to two or more questions**

**Low risk of OSA: answering yes to less than two questions**

Chung, F., Yegneswaran, B., Liao, P., Chung, S., Vairavanathan, S., Islam, S., Khajehdehi, A., Shapiro C. (2008). STOP questionnaire. A tool to screen patients for obstructive sleep apnea. *Anesthesiology*, 108 (5), 812-21.