

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.