**STOP-Bang Scoring Model**

1. ***S***noring

Do you *s*nore loudly (louder than talking or loud enough to be heard

through closed doors)?

Yes No

2. ***T***ired

Do you often feel *t*ired, fatigued, or sleepy during daytime?

Yes No

3. ***O***bserved

Has anyone *o*bserved you stop breathing during your sleep?

Yes No

4. Blood ***p***ressure

Do you have or are you being treated for high blood *p*ressure?

Yes No

5. ***B***MI

*B*MI more than 35 kg/m2?

Yes No

6. ***A***ge

*A*ge over 50 yr old?

Yes No

7. ***N***eck circumference

*N*eck circumference greater than 40 cm?

Yes No

8. ***G***ender

*G*ender 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

From: Appendix 2. Chung, F., Yegneswaran, B., Liao, P., Chung, S.A., Vairavanathan, S., Islam, S., Khajedehl, A. & Shapiro, C.M. (2008). STOP Questionnaire: a tool to screen patients for Obstructive Sleep Apnea. *Anesthesiology* 108: 812-21.