

# 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

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

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

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