

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