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