

| STOP Questionnaire

Male Female

/ []² =
Weight (kg) Height (cm) BMI

Collar size of shirt:

S M L XL

Neck circumference*

*Neck circumference is measured by staff

Age

Instructions

Please choose the correct response to each question.

<p>1 Snoring Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?</p>	Yes	No
<p>2 Tired Do you often feel tired, fatigued, or sleepy during daytime?</p>	Yes	No
<p>3 Observed Has anyone observed you stop breathing during your sleep?</p>	Yes	No
<p>4 Blood pressure Do you have or are you being treated for high blood pressure?</p>	Yes	No

AREA DEDICATED TO PHYSICIANS

Risks of Obstructive sleep apnea (OSA)

High risk of OSA: answering **yes** to **three or more** items

Low risk of OSA: answering **yes** to **less than three** items