

APPENDIX 1**STOP-Bang Questionnaire**

Is it possible that you have Obstructive Sleep Apnea (OSA)?

Please answer the following questions below to determine if you might be at risk.

Yes No **S**noring ?

Do you **Snore Loudly** (louder than talking or loud enough to be heard through closed doors) ?

Yes No **T**ired ?

Do you often feel **Tired, Fatigued, or Sleepy** during the daytime ?

Yes No **O**bserved ?

Has anyone **Observed** you **Stop Breathing** during your sleep ?

Yes No **P**ressure ?

Do you have or are being treated for **High Blood Pressure** ?

Yes No

Body Mass Index more than 35 ?

Yes No

Age older than 50 ?

Yes No **N**eck size large ?

Do you have a **Neck that Measures** more than 16 inches / 40 cm around (measure at Adam's Apple)

Yes No

Gender = Male ?

Low risk of OSA: Yes to 0-2 questions

Intermediate risk of OSA: Yes to 3-4 questions

High risk of OSA: Yes to 5-8 questions.

Chung F et al. Anesthesiology 2008; 108: 812-821, and Chung F et al Br J Anaesth 2012; 108: 768-775.