



CPG: IMPROVING NASAL FORM AND FUNCTION AFTER RHINOPLASTY

STOP-BANG SLEEP APNEA QUESTIONNAIRE

Name: _____ Date: _____

SNORING?		Do you Snore Loudly (loud enough to be heard through closed doors or your bed-partner elbows you for snoring at night)?
Yes	No	
TIRED?		Do you often feel Tired, Fatigued, or Sleepy during the daytime (such as falling asleep during driving)?
Yes	No	
OBSERVED?		Has anyone Observed you Stop Breathing or Choking/Gasping during your sleep?
Yes	No	
PRESSURE?		Do you have or are you being treated for High Blood Pressure ?
Yes	No	
BODY MASS?		Is your body mass index more than 35kg/m ² ?
Yes	No	
AGE?		Are you older than 50-years-old?
Yes	No	
NECK SIZE?		(Measure around Adams apple) For male, is your shirt collar 17 inches/43 cm or larger? For female, is your shirt collar 16 inches/41 cm or larger?
Yes	No	
GENDER?		Are you a male?
Yes	No	

SOURCE: Modified from Chung F et al., Anesthesiology 2008; 108:812-21, Chung F et al Br J Anaesth 2012; 108:768-75, Chung F et al J Clin Sleep Med Sept 2014
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SCORING CRITERIA FOR THE GENERAL POPULATION:

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 **or** Yes to 2 or more of 4 STOP questions + male gender **or** Yes to 2 or more of 4 STOP questions + BMI > 35 kg/m² **or** Yes to 2 or more of 4 STOP questions + neck circumference (17"/43cm in male, 16"/41cm in female)