

Updated STOP-Bang Questionnaire

Yes <input type="radio"/>	No <input type="radio"/>	S noring? Do you snore loudly (loud enough to be heard through closed doors or your bed-partner elbows you for snoring at night)?
Yes <input type="radio"/>	No <input type="radio"/>	T ired? Do you often feel tired, fatigued, or sleepy during the daytime (such as falling asleep during driving)?
Yes <input type="radio"/>	No <input type="radio"/>	O bserved? Has anyone observed you stop breathing or choking/gasping during your sleep?
Yes <input type="radio"/>	No <input type="radio"/>	P ressure? Do you have or are you being treated for high blood pressure?
Yes <input type="radio"/>	No <input type="radio"/>	B ody mass index more than 35 kg/m ² ?
Yes <input type="radio"/>	No <input type="radio"/>	A ge older than 50 years old?
Yes <input type="radio"/>	No <input type="radio"/>	N eck size large?(measured around Adam's apple) For male, is your shirt collar 43 cm or larger? For female, is your shirt collar 41 cm or larger?
Yes <input type="radio"/>	No <input type="radio"/>	G ender = Male?