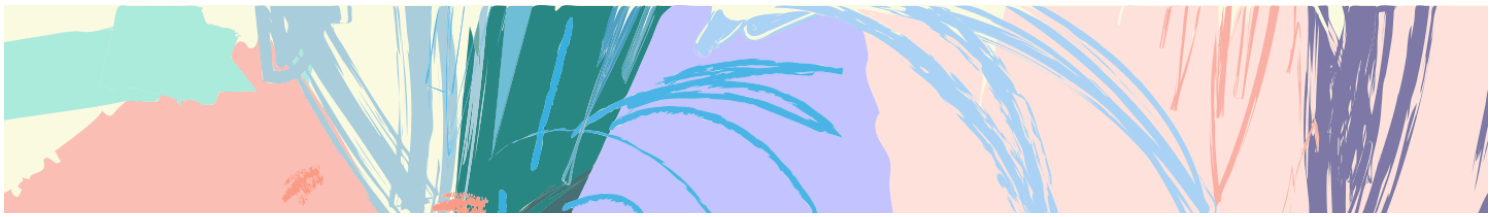

STOP-BANG QUESTIONNAIRE

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, fatigue, or sleepy during the daytime (such as falling asleep during driving)	☐ YES	☐ NO
OBSERVED? Has anyone observes you stop breathing or choking/gasping during your sleep?	☐ YES	☐ NO
PRESSURE? Do you have or being treated for high blood pressure?	☐ YES	☐ NO
BODY MASS INDEX MORE THAN 35 kg/m2 ? Click here to check your BMI	☐ YES	☐ NO
AGE OLDER THAN 50 YEARS OLD ?	☐ YES	☐ NO
NECK SIZE? Measured around Adam's Apple- Is your shirt collar 16 inches or larger	☐ YES	☐ NO
GENDER (Biologic Sex) = Male ?	☐ YES	☐ NO

SCORING CRITERIA

Low Risk of OSA: Yes to 0 to 2 Questions

Intermediate Risk of OSA: Yes to 3 to 4 Questions

High Risk of OSA: Yes t o 5- 8 Questions