

Updated STOP-Bang Questionnaire

Snoring? Yes No

Do you Snore Loudly (loud enough to be heard through closed doors or your bed-partner elbows you for snoring at night)?

Tired? Yes No

Do you often feel Tired, Fatigued, or Sleepy during the daytime (such as falling asleep during driving or talking to someone)?

Observed? Yes No

Has anyone Observed you Stop Breathing or Choking/Gasping during your sleep?

Pressure? Yes No

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

Body Mass Index more than 35 kg/m² ? Yes No

Age older than 50 year old? Yes No

Neck size large? (Measured around Adams apple)
Yes No

For male, is your shirt collar 17 inches/43 cm or larger?

For female, is your shirt collar 16 inches/41 cm or larger?

Gender = Male? Yes No

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

Proprietary to University Health Network.

www.stopbang.ca

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 2014;10:951-8.**

Modified Mallampati Classification

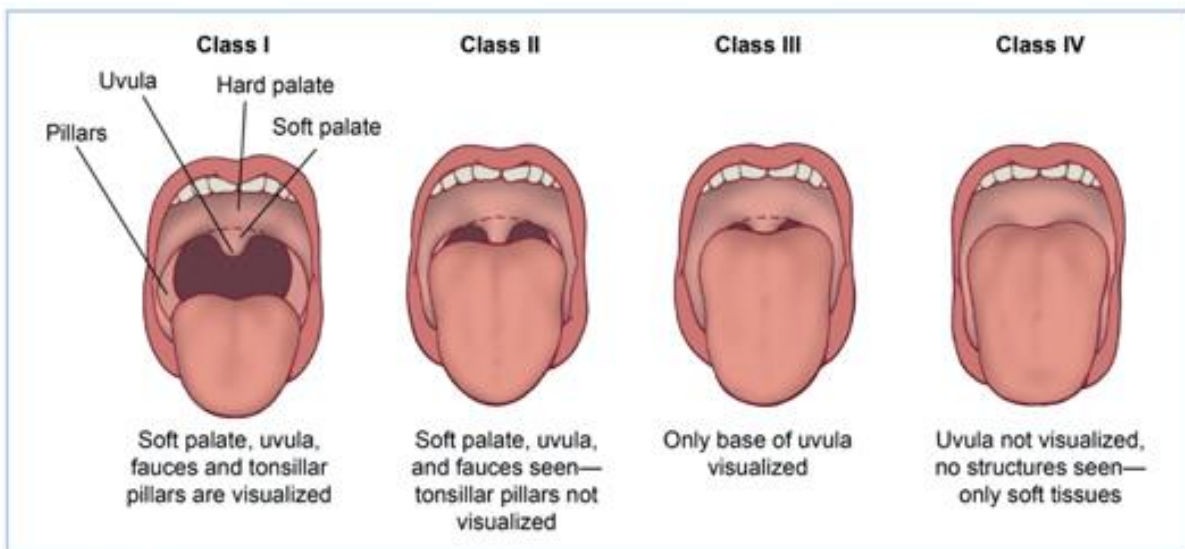


FIGURE 14.2 Difficulty of intubation based on modified Mallampati classification. (Samsoon GL, Young JR. Difficult tracheal intubation: a retrospective study. *Anaesthesia*. 1987;42:487–490; Mallampati SR, Gatt SP, Gugino LD, et al. A clinical sign to predict difficult tracheal intubation: a prospective study. *Can Anaesth Soc J*. 1985;32:429–434.)

Table II: Mallampati Classification

Classification	Visualization	
Class I	Soft palate, entire uvula	Normal
Class II	Soft palate, portion of uvula	Normal
Class III	Soft palate, possible base of uvula	Abnormal, high risk for OSA
Class IV	Hard palate only, soft palate not visible	Abnormal, high risk for OSA

Apnoea-hypopnoea index

The severity of obstructive sleep apnoea is quantified by recording the number of pauses in breathing each hour that last longer than ten seconds. This is referred to as the apnoea-hypopnoea index (AHI).

Table 1: Classification of the severity of obstructive sleep apnoea ²

Obstructive sleep apnoea severity	Apnoea-hypopnoea index (AHI)
Normal	Less than 5
Mild	5 – 15
Moderate	16 – 30
Severe	> 30

Traditionally, the AHI is determined following a full sleep study carried out in an attended sleep laboratory (polysomnography). However, partial studies conducted by appropriately trained sleep technicians in the patient's home can accurately diagnose obstructive sleep apnoea in the majority of patients.