

**Supplementary Fig. 1.** The official version of the STOP-Bang questionnaire by Chung et al. [13] was accessed www.stopbang.ca.

### Updated STOP-Bang Questionnaire

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**S**noring?  
 Yes No  
  Do you **Snore Loudly** (loud enough to be heard through closed doors or your bed-partner elbows you for snoring at night)?

**T**ired?  
 Yes No  
  Do you often feel **Tired, Fatigued, or Sleepy** during the daytime (such as falling asleep during driving or talking to someone)?

**O**bserved?  
 Yes No  
  Has anyone **Observed you Stop Breathing or Choking/Gasping** during your sleep?

**P**ressure?  
 Yes No  
  Do you have or are being treated for **High Blood Pressure**?

**B**ody Mass Index more than 35 kg/m<sup>2</sup>?  
 Yes No

**A**ge older than 50 year old?  
 Yes No

**N**eck size large? (Measured 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

**G**ender = Male?  
 Yes No

**Scoring Criteria:**

**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

- 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/m<sup>2</sup>
- or 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](http://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.