

## STOP

[Chung F](#), [Yegneswaran B](#), [Liao P](#), [Chung SA](#), [Vairavanathan S](#), [Islam S](#), [Khajehdehi A](#), [Shapiro CM](#). STOP questionnaire: a tool to screen patients for obstructive sleep apnea. [Anesthesiology](#). 2008 May; 108(5):812-21.

### Scoring

**High risk of OSA:** answering yes to two or more questions

**Low risk of OSA:** answering yes to less than two questions

## STOP Questionnaire

1. **S**noring: Do you snore loudly (louder than talking or loud enough to be heard through closed doors)? Yes / No
2. **T**ired: Do you often feel tired, fatigued, or sleepy during daytime? Yes / No
3. **O**bserved: Has anyone observed you stop breathing during your sleep? Yes / No
4. Blood **P**ressure: Do you have or are you being treated for high blood pressure? Yes / No