

## STOP BANG Questionnaire

Age \_\_\_\_\_

Male/Female

BMI \_\_\_\_\_

Collar size of shirt: S, M, L, XL, or \_\_\_\_\_ inches/cm

Neck circumference\* \_\_\_\_\_ cm (if you know it)

Do you have diagnosed sleep apnea? \_\_\_\_\_

Do you wear a CPAP? \_\_\_\_\_ If yes, does it send results to physician? \_\_\_\_\_

Have you ever had a sleep study? If yes, how long ago? \_\_\_\_\_

### 1. Snoring

Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?

Yes                      No

### 2. Tired

Do you often feel *tired*, fatigued, or sleepy during daytime? Yes   No

### 3. Observed

Has anyone observed you stop breathing during your sleep?

Yes                      No

### 4. Blood pressure

Do you have or are you being treated for high blood pressure?

Yes                      No

### 5. BMI

BMI more than 25

Yes                      No

### 6. Age

Age over 50 yr old?

Yes                      No

### 7. Neck circumference

Neck circumference greater than 40 cm?

Yes                      No

### 8. Gender

Gender male?

Yes                      No

\* Neck circumference is measured by staff

*High risk of OSA:* answering yes to three or more items

*Low risk of OSA:* answering yes to less than three items