



Nevada Regional Medical Center Sleep Center

800 S. Ash, Nevada, MO 64772 | (417) 667-3355

Name: _____

Height: _____ Weight: _____ Age: _____

Male / Female (circle) BMI: _____ Neck Circ. _____

STOP-BANG Obstructive Sleep Apnea Questionnaire

Chung F et al Anesthesiology 2008 and BJA 2012

Snoring Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?	Yes	No
Tired Do you often feel tired, fatigued, or sleepy during daytime?	Yes	No
Observed Has anyone observed you stop breathing during your sleep?	Yes	No
Blood Pressure Do you have or are you being treated for high blood pressure?	Yes	No
BMI more than 35kg/m²?	Yes	No
Age over 50 years old?	Yes	No
Neck circumference > 16 inches (40 cm)?	Yes	No
Gender: Male?	Yes	No

High risk of OSA: Answered yes to three or more questions

Low risk of OSA: Answered yes to less than three questions