NRMC
NEVADA REGIONAL MEDICAL CENTER

# Nevada Regional Medical Center
## Sleep Center

800 S. Ash, Nevada, MO 64772 | (417) 667-3355 Ext 3183

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*

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

| | | |
|---|---|---|
| ***B**MI more than 35kg/m2?* | Yes | No |
| ***A**ge over 50 years old?* | Yes | No |
| ***N**eck circumference > 16 inches (40 cm)?* | Yes | No |
| ***G**ender: 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*