SLEEP SCIENCE CLINICS (TEXAS)

7215 Wyoming Springs, Ste. 600, Round Rock TX 78681
800 Brazos Street, Ste. 1400, Austin TX 78701
TEL: 512.255.2727 FAX: 512.255.6277

STOP BANG Questionnaire

Name: _______________________ DOB:_____________ Date:___________

Phone: _______________________ Email:________________________________

Height _____ inches/cm Weight _____ lb/kg Age _____ Male/Female BMI _____

Collar size of shirt: S, M, L, XL, or _____ inches/cm Neck circumference* _____ cm

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 35 kg? 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