**Carolina Cardiology, Sleep & Obesity Center, PC**

**Shyamal K. Mitra, MD, MRCP**

**STOP BANG QUESTIONNAIRE**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_

Height \_\_\_\_\_\_\_\_ inches Weight \_\_\_\_\_\_\_ lbs. BMI \_\_\_\_\_

Collar size of shirt: S M L XL XXL Neck circumference \_\_\_\_\_\_\_ inches

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

 Yes No

**T**ired: Do you often feel tired, fatigued, or sleepy during the day?

 Yes No

**O**bserved: Has anyone observed that your stop breathing during your sleep?

 Yes No

Blood **P**ressure: Do you have or are you being treated for high blood pressure?

 Yes No

**B**MI more than 35 kg?

 Yes No

**A**ge over 50 years?

 Yes No

**N**eck circumference greater than 40 cm?

 Yes No

**G**ender: Male?

 Yes No

* High risk of obstructive sleep apnea = answering “yes” to 3 or more questions
* Low risk of obstructive sleep apnea = answering “yes” to less than 3 questions