LEE BARIATRICS
Expert Weight Loss Surgery

STOP BANG Questionnaire

Name: _____ Age: _____

Height: _____ inches Weight: _____ lbs. BMI: _____

Collar size of shirt: ☐ S ☐ M ☐ L ☐ XL, or _____ inches

Neck circumference (measured by staff) _____ cm

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 the day?

☐ Yes ☐ No

Observed: Has anyone observed that you stop breathing during your sleep?

☐ Yes ☐ No

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

☐ Yes ☐ No

BMI more than 35 kg/m^2?

☐ Yes ☐ No

Age over 50 years?

☐ Yes ☐ No

Neck circumference greater than 40 cm? 15.75 in?

☐ Yes ☐ No

Gender, 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

Adapted from:
STOP Questionnaire: *A Tool to Screen Patients for Obstructive Sleep Apnea*
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