Sleep Lab Stop Bang Questionnaire
Page 1 of 1

FirstHealth Moore Regional Hospital:  ☐ Moore Campus  ☐ Richmond Campus  ☐ Hoke Campus
FirstHealth Montgomery Memorial Hospital  ☐

Name: ___________________________________________ Age: ___________
Height: ________ inches  Weight: _________ lbs.  BMI: ___________
Neck circumference: _________ 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 pressure: Do you have or are you being treated for high blood pressure?
☐ Yes  ☐ No

BMI more than 35 kg/m2?
☐ Yes  ☐ No

Age over 50 years?
☐ Yes  ☐ No

Neck circumference greater than 40 cm?
☐ 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

Signature: ___________________________ Date: ______________ Time: ______________

Adapted from:  
STOP Questionnaire: A Tool to Screen Patients for Obstructive Sleep Apnea  
Anesthesiology 2008; 108:812-21 Copyright 2008, the American Society of Anesthesiologists, Inc. Lippincott Williams & Wilkins, Inc.