FirstHealth OF THE CAROLINAS

7034.04.16070.00 Sunset Date: 7/2021

Sleep Lab Stop Bang Questionnaire
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1PTQ001

Place Patient Label
Inside This Box

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 **p**ressure: 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*
Frances Chung, F.R.C.P.C., Balaji Yegneswaran, M.B.B.S., Pu Liao, M.D., Sharon A. Chung, Ph.D., Santhira Vairavanthan, M.B.B.S., Sazzadul Islam, M.Sc., Ali Khajehdehi, M.D., Colin M. Shapiro, F.R.C.P.C.
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