Greene County MEDICAL CENTER

An Affiliate of UnityPoint Health

Name: _____

Contact Information: _____

Primary Care Physician: _____

Greene County Medical Center
STOP-Bang Questionnaire

Please answer the following questions below to determine if you are at risk of obstructive sleep apnea.

Yes ○ No ○

Snoring

Do you **snore loudly** (loud enough to be heard through closed doors or your partner has to wear ear plugs or elbow you at night)?

Yes ○ No ○

Tired

Do you often feel **tired, fatigued or sleepy** during the daytime?

Yes ○ No ○

Observed

Has anyone **observed** you **stop breathing** during your sleep?

Yes ○ No ○

Pressure

Do you have or are you being treated for **high blood pressure**?

Yes ○ No ○

Body Mass Index

Is your body mass index more than 35 kg/m^2?

Yes ○ No ○

Age

Are you 50 years of age or older?

Yes ○ No ○

Neck Size

Males – is your shirt collar 17 inches or larger?
Females – is your shirt collar 16 inches or larger?

Yes ○ No ○

Gender

Are you male?