



# Delhi Hospital Sleep Center

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REFERRALS OFFICE:  
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## STOP BANG QUESTIONNAIRE

Height \_\_\_\_\_ inches/cm Weight \_\_\_\_\_ lb/kg  
Age \_\_\_\_\_ Male/Female  
BMI \_\_\_\_\_  
Collar size of shirt: S, M, L, XL, or \_\_\_\_\_ inches/cm  
Neck circumference\* \_\_\_\_\_ cm (measured by staff)

### 1. Snoring

Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?  
Yes No

### 2. Tired

Do you often feel tired, fatigued, or sleepy during daytime?  
Yes No

### 3. Observed

Has anyone observed you stop breathing during your sleep?  
Yes No

### 4. Blood Pressure

Do you have or you being treated for high blood pressure?  
Yes No

### 5. BMI

BMI more than 35 kg/m<sup>2</sup>?  
Yes No

### 6. Age

Age over 50 yr old?  
Yes No

### 7. Neck circumference

Neck circumference greater than 40 cm?  
Yes No

### 8. Gender

Gender male?  
Yes No

**High risk of OSA: answering yes to three or more items**

**Low risk of OSA: answering yes to less than three items**

*For referrals, please contact our Referrals Office at: 318-878-6341*