

**Sleep Lab at SSM Health St. Mary's Hospital**  
400 North Pleasant Avenue  
Centralia, IL 62801  
Phone: 618-436-8635

**Sleep Lab at SSM Health Good Samaritan Hospital**  
2 Good Samaritan Way, Suite 400  
Mt. Vernon, IL 62864  
Phone: 618-899-3640

## Home Sleep Test (HST) Questionnaire

Date:

Technician:

First and last name:

Neck circumference:

Height:     ft     in

Weight:

Room:

Referring MD:

Reason for testing:

Allergies:

Medications including over-the-counter:

Tobacco use:	Yes	No	Packs per day:		
Alcohol use:	Yes	No	Amount:	daily	weekly
Shift worker:	Yes	No	Work hours:		
Claustrophobic:	Yes	No			
Tonsillectomy:	Yes	No			
ENT Surgery:	Yes	No			
Laser Uvuloplasty:	Yes	No			

**Please check if you are being treated or have been diagnosed with the following:**

High blood pressure	Heart disease	Diabetes
Stroke	Depression	COPD
Asthma	Excessive daytime sleepiness	

Previous sleep study:     Yes     No

Location:

Date:

On CPAP:     Yes     No     CPAP setting (if yes):

Result of previous study:

How did you find out about our Sleep Disorder Center?

Doctor	Newspaper	Health Fair	Social Media
Radio	Friend/family	Internet	

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## STOP – BANG SCORING MODEL (OSA)

### STOP Questions:

**Snororing**

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 daytime? Yes    No

**Observed**

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

**Blood Pressure**

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

### BANG Questions:

**Body Mass Index (BMI)**

BMI more than 35? Yes    No

**Age**

Are you over 50 years old? Yes    No

**Neck circumference**

Is your neck circumference greater than 40 cm? Yes    No

**Gender**

Is your biologically sex male? Yes    No

**Total number answered YES:**

*A score of 3 or more is highly suggestive of OSA.*