

Screening Tool for Sleep Apnea

Developed by David White, M.D., Harvard Medical School, Boston, MA

In whom should apnea be considered? If you suspect sleep apnea, ask your patient the following questions:

1. Snoring

a) Do you snore on most night (> 3 nights per week)?

Yes (2) No (0) _____

b) Is your snoring loud? Can it be heard through a door or wall?

Yes (2) No (0) _____

2. Has it ever been reported to you that you stop breathing or gasp during sleep?

Never (0) Occasionally (3) Frequently (5) _____

3. What is your collar size?

Male: Less than 17 inches (0) more than 17 inches (5) _____

Female: Less than 16 inches (0) more than 16 inches (5) _____

4. Do you occasionally fall asleep during the day when:

a) You are busy or active?

Yes (2) No (0) _____

b) You are driving or stopped at a light?

Yes (2) No (0) _____

5. Have you had or are you being treated for high blood pressure?

Yes (1) No (0) _____

Total Score _____

9 points or more

Refer to Sleep
Specialist or order
sleep study

6-8 points

Gray area
use clinical
judgment

5 points or less

Low probability
of Sleep Apnea