Screening Tool for Sleep Apnea

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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**  **6-8 points**  **5 points or less**

   Refer to sleep specialist or order sleep study  
   Gray area, use clinical judgment  
   Low probability of sleep apnea