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## 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

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