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Sleep Apnea Screening Questionnaire

The following questionnaire is a self-administered screening tool consisting of five simple yes or no questions that was developed by sleep expert, David P. White, M.D., Professor of Sleep Medicine at Harvard Medical School. This brief quiz helps determine the chances of having a sleep-related medical issue and whether further assessment may be warranted.

SLEEP-RELATED MEDICAL ISSUE		Point Score
Snoring		
1 Do you snore on most nights? More than 3 nights per week?	*Yes* ◯	2
	No ◯	0
2 Is your snoring loud? Can it be heard through a door or a wall?	*Yes* ◯	2
	No ◯	0
Sleep Noises		
3 Has it ever been reported to you that you stop breathing or gasp during sleep?	*Never* ◯	0
	Occasionally ◯	3
	Frequently ◯	5
Collar Size		
4 What is your collar size?	*Male: Less than 17 inches* ◯	0
	Male: More than 17 inches ◯	5
	Female: Less than 16 inches ◯	0
	Female: More than 16 inches ◯	5
Daytime Sleepiness		
5 Do you occasionally fall asleep during the day when:	*A) Busy or active*	
	Yes ◯	2
	No ◯	0
	B) Driving or stopped at a light	
	Yes ◯	2
	No ◯	0
Hypertension		
6 Have you had or are you being treated for high blood pressure (hypertension)?	*Yes* ◯	1
	No ◯	0
	Total Score	_____

Interpreting your responses

9 points or more: A high probability of a sleep apnea. Refer to sleep specialist or order sleep study.
6–8 points: Possible sleep apnea, use clinical judgment.
5 points or less: Low probability of sleep apnea.