



Sleep Center Sleep Apnea Screening

1. Do you snore on most nights? (3 or more nights per week) ?

YES = 2 NO = 0

2. Is your snoring loud? (can it be heard through doors or walls ?)

YES = 2 NO = 0

3. Has anyone ever told you that you stop breathing or make loud gasping sounds when you sleep?

YES = 3 FREQUENTLY = 5 NO = 0

4. Do you now or have you ever had a heart condition or high blood pressure?

YES = 2 NO = 0

5. Do you occasionally fall asleep or doze when in your car or at a stop light?

YES = 2 NO = 0

6. Do you occasionally fall asleep or doze when you're active for more than 30 minutes?

YES = 2 NO = 0

continues.....

SCORE:

5 points or less

Low probability of sleep apnea

6-8 points

Probability of sleep apnea. Talk to your MD

Above 9 points

High probability of sleep apnea.

See your MD to discuss scheduling a sleep study.