Nighttime Sleepiness Evaluation

SCREENING FOR SLEEP APNEA

Developed by David White, Boston, Massachusetts, 1998

***1.* Snoring:**

a) Do you snore on most nights (more than 3 times/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) 17 inches or greater (5)
Female: less than 16 inches (0) 16 inches or greater (5)

***4.* Have you had, or are you currently being treated for, high blood pressure?**
Yes (2) No (0)

5. **Do you occasionally doze, or fall asleep during the day**
when:
a) You are not busy or active?
Yes (2) No (0)
b) You are driving or stopped at a light?
Yes (2) No (0)
SCORE:

9 points or more	6-8 points	5 points or less
Order Sleep study or refer to sleep specialist	Gray area - use clinical judgment	Low probability of sleep apnea

OBSTRUCTIVE SLEEP APNEA
Sleep apnea is a common disorder characterized by repetitive collapse of the pharyngeal airway during sleep.

CONSEQUENCES INCLUDE:
sleep disruption, waking sleepiness, poor job performance, decreased quality of life, and/or increased motor vehicle accidents. In addition, sleep apnea may contribute to systemic hypertension, mild pulmonary hypertension, arrhythmias and, possibly, myocardial infarction & stroke.