

Sleep Apnea Risk Questionnaire

Dr. William J. Scheier, DDS, at the Snoring & Sleep Apnea Treatment Center has developed this risk questionnaire which will result in a Sleep Apnea Risk Score for you.

Please circle the relevant number for each question.

0 = Never 1 = Rarely 2 = Occasionally 3 = Frequently

How frequently do you experience or have you been told that you snore loudly enough to disturb others?	0	1	2	3
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How often do you startle yourself awake or have been told that you “pause” in breathing during sleep?	0	1	2	3
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How likely are you to fall asleep while:				
Sitting and reading	0	1	2	3
Watching TV	0	1	2	3
Sitting inactive in a public place	0	1	2	3
As a passenger in an auto for more than an hour	0	1	2	3
Lying down in the afternoon	0	1	2	3
Sitting quietly after lunch (without alcohol)	0	1	2	3
Stopped in traffic for a few minutes while driving	0	1	2	3

How much overweight are you? (none = 0 10-20 lbs. = 1 20-40 lbs. = 2 >40 lbs. = 3)	0	1	2	3
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How many of these conditions does your medical history include? (circle 1 for each)				
High Blood Pressure	-	1	-	-
Stroke	-	1	-	-
Heart disease	-	1	-	-
More than 3 awakenings per night on average	-	1	-	-
Excessive fatigue	-	1	-	-
Difficulty concentrating	-	1	-	-

Total Sleep Apnea Risk Score: _____

Sleep Apnea Risk Score Interpretation

Total Score = 0 - 7	You are at low risk for Sleep Apnea.
Total Score = 8 - 20	You are at mild/moderate risk for Sleep Apnea. Bring this completed survey to your physician.
Total Score = 21 - 35	You are at high risk for Sleep Apnea and should seek evaluation without delay.