



Sleep Screener

Choose the most appropriate number for each situation:

- 0 = Would *never* doze or sleep
- 1 = *Slight* chance of dozing or sleeping
- 2 = *Moderate* chance of dozing or sleeping
- 3 = *High* chance of dozing or sleeping

| <u>Situation</u> | <u>Chance of Dozing or Sleeping</u> |
|---|-------------------------------------|
| Sitting & reading | _____ |
| Watching TV | _____ |
| Sitting inactive in a public place | _____ |
| Being a passenger in a vehicle | _____ |
| Lying down in the afternoon | _____ |
| Sitting & talking to someone | _____ |
| Sitting quietly after lunch (no alcohol) | _____ |
| Stopped for a few minutes in traffic while driving | _____ |
| Total score (add the #'s up) | _____ |

If the score is 10 or more, you are at high risk for sleep apnea. Consult your doctor.

1) How frequently do you experience or have you been told about snoring loud enough to disturb the sleep of others?

Never **Rarely** (less than 1/week) **Occasionally** (1-3/week) **Frequently** (>3/week)

2. How often have you been told that you have “pauses” in breathing or stop breathing during sleep?

Never **Rarely** (less than 1/week) **Occasionally** (1-3/week) **Frequently** (>3/week)