Berlin questionnaire

Name _____
Address _____
_____

SLEEP EVALUATION

1 **Complete the following:**

height _____ age _____
weight _____ male/female _____

CATEGORY 1

2 **Do you snore?**

- ☐ yes
- ☐ no
- ☐ don't know

If you snore:

3 **Your snoring is?**

- ☐ slightly louder than breathing
- ☐ as loud as talking
- ☐ louder than talking
- ☐ very loud. Can be heard in adjacent rooms.

4 **How often do you snore?**

- ☐ nearly every day
- ☐ 3-4 times a week
- ☐ 1-2 times a week
- ☐ 1-2 times a month
- ☐ never or nearly never

5 **Has your snoring ever bothered other people?**

- ☐ yes
- ☐ no

6 **Has anyone noticed that you quit breathing during your sleep?**

- ☐ nearly every day
- ☐ 3-4 times a week
- ☐ 1-2 times a week
- ☐ 1-2 times a month
- ☐ never or nearly never

CATEGORY 2

7 **How often do you feel tired or fatigued after your sleep?**

- ☐ nearly every day
- ☐ 3-4 times a week
- ☐ 1-2 times a week
- ☐ 1-2 times a month
- ☐ never or nearly never

8 **During your wake time, do you feel tired, fatigued or not wake up to par?**

- ☐ nearly every day
- ☐ 3-4 times a week
- ☐ 1-2 times a week
- ☐ 1-2 times a month
- ☐ never or nearly never

9 **Have you ever nodded off or fallen asleep while driving a vehicle?**

- ☐ yes
- ☐ no

If yes, how often does it occur?

- ☐ nearly every day
- ☐ 3-4 times a week
- ☐ 1-2 times a week
- ☐ 1-2 times a month
- ☐ never or nearly never

CATEGORY 3

10 **Do you have high blood pressure?**

- ☐ yes
- ☐ no
- ☐ don't know

BMI =

Scoring Questions: Any answer within box outline is a positive response.

Scoring Categories: Category 1 is positive with 2 or more positive responses to questions 2-6 ☐
Category 2 is positive with 2 or more positive responses to questions 7-9 ☐
Category 3 is positive with 1 or more positive responses and/or a BMI>30 ☐

Final Results: 2 or more positive categories indicates a high likelihood of sleep disordered breathing.

EDWARD

REFERRAL COPY