

Berlin Questionnaire

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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

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 waketime, do you feel tired, fatigued or not 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 2

10. Do you have high blood pressure?

- yes
- no
- don't know

BMI =

category 3

Scoring Questions:

Any answer within black 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 positive response and/or a BMI >30

Final Result:

Two or more positive categories indicates a high likelihood of sleep disordered breathing.

Name _____

Address _____

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