

Berlin Questionnaire

SLEEP EVALUATION

CATEGORY 1

1. Do you snore?

- Yes
 No
 Don't know

IF YOU SNORE: Go to next question
IF YOU DON'T SNORE: Go to question 5

2. Your snoring is?

- Very loud (*heard from adjacent rooms*)
 Louder than talking
 As loud as talking
 Slightly louder than breathing

3. How often do you snore?

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

4. Has your snoring bothered other people?

- Yes
 No

5. 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
 Nearly or nearly never

CATEGORY 2

6. How often do you feel tired/ fatigued after your sleep?

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

7. During your wake time, 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
 Nearly or nearly never

8. 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
 Nearly or nearly never

CATEGORY 3

9. Do you have high blood pressure?

- Yes
 No
 Don't know

Staff to fill out

10. BMI > 30

- Yes
 No

SCORING CATEGORIES

CATEGORY 1

Positive, if 2 or more answers are in the box outlined from questions 1-5

CATEGORY 2

Positive if 2 or more answers are in the box outlined from questions 6-8

CATEGORY 3

Positive with 1 positive answer in the box from questions 9-10

FINAL RESULT

2 or 3 positive categories indicates a likelihood of sleep disordered breathing.