BERLIN QUESTIONNAIRE

and Sleep Evaluation

Please complete the following:

1).

Height:_____ D.O.B.:_____

Weight:_____ Male/Female:_____

Cat. I

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**

4). How often do you snore?

- ☐ **ALMOST EVERY DAY**
- ☐ **3-4 TIMES A WEEK**
- ☐ 1-2 times a week
- ☐ Never or almost never

5). Does your snoring bother other people?

- ☐ **YES**
- ☐ No

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

- ☐ **ALMOST EVERY DAY**
- ☐ **3-4 TIMES A WEEK**
- ☐ 1-2 times a week
- ☐ Never or almost never

Name:_____

Address:_____

City:_____

State:_____ Zip:_____

Phone:_____

Cat. II

7). Are you tired after sleeping?

- ☐ **ALMOST EVERY DAY**
- ☐ **3-4 TIMES A WEEK**
- ☐ 1-2 times a month
- ☐ Never or almost never

8). Are you tired during wake time?

- ☐ **ALMOST EVERY DAY**
- ☐ **3-4 TIMES A WEEK**
- ☐ 1-2 times a month
- ☐ Never or almost never

9). Have you ever nodded off or fallen asleep while driving?

- ☐ **YES**
- ☐ No

If yes, how often does it occur?

- ☐ **EVERY DAY**
- ☐ **3-4 TIMES A WEEK**
- ☐ 1-2 times a week
- ☐ 1-2 times a month
- ☐ Never or almost never

Cat. III

10). Do you have high blood pressure?

- ☐ **YES**
- ☐ No
- ☐ Don't know

BMI = _____

Category I (questions 2-6)
High Risk ☐ 2 or more positive responses (answers in **BOLD CAPS**)

Category II (questions 7-9)
High Risk ☐ 2 or more positive responses (answers in **BOLD CAPS**)

Category III (question 10)
High Risk ☐ A **YES** response and/or **BMI > 30**

Final Results: 2 or more checked categories indicates **high likelihood of sleep apnea**