Berlin Questionnaire

1. Complete the following:

Height: _____ Weight: _____

Age: _____ Gender: ____M ____F

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 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
_____ 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

10. Do you have high blood pressure?
_____ Yes
_____ No
_____ Don't know

BMI (Body mass index) = _____

(see next page for scoring instructions)

Scoring the Berlin Questionnaire
The questionnaire consists of 3 categories related to the risk of having sleep apnea. Patients can be classified into High Risk or Low Risk based on their responses to the individual items and their overall scores in the symptom categories.

Categories and Scoring:

Category 1: items 2, 3, 4, 5, and 6;
Item 2: if '**Yes'**, assign **1 point**
Item 3: if either of the last two options is the response, assign **1 point**
Item 4: if either of the first two options is the response, assign **1 point**
Item 5: if **'Yes'** is the response, assign **1 point**
Item 6: if either of the first two options is the response, assign **2 points**
Add points. Category 1 is positive if the total score is 2 or more points.

Category 2: items 7, 8, and 9.
Item 7: if either of the first two options is the response, assign **1 point**
Item 8: if either of the first two options is the response, assign **1 point**
Item 9: if **'Yes'** is the response, assign **1 point**
Add points. Category 2 is positive if the total score is 2 or more points.

Category 3 is positive if the answer to item 10 is 'Yes' or if the BMI of the patient is greater than 30kg/m2. (BMI is defined as weight (kg) divided by height (m) squared, i.e.., kg/m2).

High Risk: if there are 2 or more categories where the score is positive.
Low Risk: if there is only 1 or no categories where the score is positive.

Additional Question: item 9 should be noted separately.