

## Berlin Questionnaire<sup>©</sup>

### Sleep Apnea

Height (m) \_\_\_\_\_ Weight (kg) \_\_\_\_\_ Age \_\_\_\_\_ Male / Female

Please choose the correct response to each question.

#### Category 1

1. Do you snore?

- ☐ a. Yes
- ☐ b. No
- ☐ c. Don't know

*If you answered 'yes':*

2. Your snoring is:

- ☐ a. Slightly louder than breathing
- ☐ b. As loud as talking
- ☐ c. Louder than talking

3. How often do you snore?

- ☐ a. Almost every day
- ☐ b. 3-4 times per week
- ☐ c. 1-2 times per week
- ☐ d. 1-2 times per month
- ☐ e. Rarely or never

4. Has your snoring ever bothered other people?

- ☐ a. Yes
- ☐ b. No
- ☐ c. Don't know

5. Has anyone noticed that you stop breathing during your sleep?

- ☐ a. Almost every day
- ☐ b. 3-4 times per week
- ☐ c. 1-2 times per week
- ☐ d. 1-2 times per month
- ☐ e. Rarely or never

#### Category 2

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

- ☐ a. Almost every day
- ☐ b. 3-4 times per week
- ☐ c. 1-2 times per week
- ☐ d. 1-2 times per month
- ☐ e. Rarely or never

7. During your waking time, do you feel tired, fatigued or not up to par?

- ☐ a. Almost every day
- ☐ b. 3-4 times per week
- ☐ c. 1-2 times per week
- ☐ d. 1-2 times per month
- ☐ e. Rarely or never

8. Have you ever nodded off or fallen asleep while driving a vehicle?

- ☐ a. Yes
- ☐ b. No

*If you answered 'yes':*

9. How often does this occur?

- ☐ a. Almost every day
- ☐ b. 3-4 times per week
- ☐ c. 1-2 times per week
- ☐ d. 1-2 times per month
- ☐ e. Rarely or never

#### Category 3

10. Do you have high blood pressure?

- ☐ Yes
- ☐ No
- ☐ Don't know