BERLIN QUESTIONNAIRE

1. Body Mass Index Information:

Height (in inches):

Weight (in pounds):

CATEGORY 1 QUESTIONS

2. Do you snore?
☐ Yes **
☐ No
☐ I don't know

3. How loud is your snoring?
☐ My snoring is as loud as breathing
☐ My snoring is as loud as talking
☐ My snoring is louder than talking **
☐ My snoring is very loud **

4. How frequently do you snore?
☐ Almost every day **
☐ 3 - 4 times per week **
☐ 1 - 2 times per week
☐ 1 - 2 times per month
☐ Never or almost never

5. Does your snoring bother other people?
☐ Yes **
☐ No

6. How often have your breathing pauses been noticed?
☐ Almost every day **
☐ 3 - 4 times per week **
☐ 1 - 2 times per week
☐ 1 - 2 times per month
☐ Never or almost never

CATEGORY 2 QUESTIONS

7. Are you tired after sleeping?
☐ Almost every day **
☐ 3 - 4 times per week **
☐ 1 - 2 times per week
☐ 1 - 2 times per month
☐ Never or almost never

8. Are you tired during waketime?
☐ Almost every day **
☐ 3 - 4 times per week **
☐ 1 - 2 times per week
☐ 1 - 2 times per month
☐ Never or almost never

9. How often do you nod off or fall asleep while driving?
☐ Almost every day **
☐ 3 - 4 times per week **
☐ 1 - 2 times per week
☐ 1 - 2 times per month
☐ Never or almost never

CATEGORY 3 QUESTIONS

10. Do you have high blood pressure?
☐ Yes **
☐ No
☐ I don't know

BMI (Body Mass Index)

BMI > 30 **

$$BMI = \frac{WEIGHT}{HEIGHT \times HEIGHT} \times 703$$

Weight in pounds, height in inches OR
Weight in kilograms, height in meters

Berlin Scoring Results
Any answer followed by double asterisks (**) is a positive response.
Category 1 is positive with 2 or more positive responses to questions 2 through 6
Category 2 is positive with 2 or more positive responses to questions 7 through 9
Category 3 is positive with 1 or more positive responses and/or a BMI>30
2 or more positive categories indicates a high likelihood of sleep apnea