

BERLIN QUESTIONNAIRE

1. Body Mass Index Information:	CATEGORY 2 QUESTIONS
Height (in inches): Weight (in pounds):	
	7. Are you tired after sleeping?
	☐ Almost every day **
	☐ 3 - 4 times per week **
	☐ 1 - 2 times per week
CATEGORY 1 QUESTIONS	☐ 1 - 2 times per month
	☐ Never or almost never
2. Do you snore?	
☐ Yes **	8. Are you tired during waketime?
□ No	☐ Almost every day **
☐ I don't know	☐ 3 - 4 times per week **
7. How loud is your spering?	☐ 1 - 2 times per week
3. How loud is your snoring?	☐ 1 - 2 times per month
☐ My snoring is as loud as breathing	☐ Never or almost never
☐ My snoring is as loud as talking	
☐ My snoring is louder than talking **	9. How often do you nod off or fall asleep while driving?
☐ My snoring is very loud **	☐ Almost every day **
4. How frequently do you snore?	☐ 3 - 4 times per week **
	☐ 1 - 2 times per week
☐ Almost every day **	☐ 1 - 2 times per month
☐ 3 - 4 times per week **	☐ Never or almost never
☐ 1 - 2 times per week	
☐ 1 - 2 times per month	CATEGORY 3 QUESTIONS
☐ Never or almost never	CATEGORT 5 GOESTIONS
5. Does your snoring bother other people?	10. Do you have high blood pressure?
□ Yes **	☐ Yes **
□ No	□ No
□ 1NO	☐ I don't know
6. How often have your breathing pauses been	DMI (Dady Mass Inday)
noticed?	BMI (Body Mass Index)
☐ Almost every day **	BMI > 30 **
☐ 3 - 4 times per week **	
☐ 1 - 2 times per week	WEIGHT
☐ 1 - 2 times per month	BMI = x 703
□ Never or almost never	HEIGHT x HEIGHT
	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