BERLIN QUESTIONNAIRE

OHIO SLEEP MEDICINE INSTITUTE
CENTER OF SLEEP MEDICINE EXCELLENCE™

Name: ________________________________
Address: ______________________________
Height: ___________ Weight: ____________
Age: __________ Male/Female: ___________

Category 1

1. Do you snore?
   - ☐ Yes
   - ☐ No
   - ☐ Don't know

If you snore:

2. Your snoring is?
   - ☐ Slightly louder than breathing
   - ☐ As loud as talking
   - ☐ Louder than talking
   - ☐ Very loud - can be heard in adjacent rooms
3. 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
4. Has your snoring ever bothered other people?
   - ☐ Yes
   - ☐ No
   - ☐ Don't know
5. 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

Category 2

6. 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
7. During your waking 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
8. Have you ever nodded off or fall asleep while driving a vehicle?
   - ☐ Yes
   - ☐ No

If yes, how often does this occur?
   - ☐ Nearly every day
   - ☐ 3-4 times a week
   - ☐ 1-2 times a week
   - ☐ 1-2 times a month
   - ☐ Never or nearly never

Category 3

9. Do you have high blood pressure?
   - ☐ Yes
   - ☐ No
   - ☐ Don't know
10. BMI >30
   - ☐ Yes
   - ☐ No

Scoring questions: Any answer in a white box is a positive response.

Scoring categories:
Category 1 is positive with 2 or more positive responses to question 1 - 5 ☐
Category 2 is positive with 2 or more positive responses to question 6 - 8 ☐
Category 3 is positive with 1 positive response to question 9 -10 ☐

Final results: **If 2 or more categories are positive, you have a high likelihood of sleep apnea.**

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