



## BERLIN QUESTIONNAIRE

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ DATE: \_\_\_\_\_

Height (in): \_\_\_\_\_ Weight (lb): \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

### CATEGORY 1:

**1. Do you snore?**

Yes  No  Don't Know

**2. 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

**3. 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

**4. Does your snoring bother other**

**People?**  Yes  No  Don't know

**5. 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:

**6. 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

**7. Are you tired during wake time?**

- \_\_\_\_\_ Almost every day
- \_\_\_\_\_ 3 - 4 times per week
- \_\_\_\_\_ 1 - 2 times per week
- \_\_\_\_\_ 1 - 2 times per month
- \_\_\_\_\_ Never or almost never

**8. 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:

**9. Do you have high blood pressure?**

Yes  No  Don't know