



BERLIN QUESTIONNAIRE

Please choose the correct response to each question

CATEGORY 1

1. Do you snore?

- Yes
- No
- Don't know

If you snore:

2. Is your snoring:

- 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
- C. 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 fallen asleep while driving a vehicle?

- Yes
- No

8b. 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

- Height (Ft/ Inches) _____
- Weight (Lbs) _____