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) ________________

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