Berlin Sleep Questionnaire:	
Category 1	Category 2
1. Do you snore?	6. How often do you feel tired or fatigued after your
□ Yes	sleep?
□ No	□ Nearly every day
□ Don't know	□ 3-4 times per week
	□ 1-2 times per week
If you snore:	□ 1-2 times per month
2. Your snoring is:	<ul> <li>Never or nearly never</li> </ul>
□ Slightly louder than breathing	
□ As loud as talking	7. During your wake time, do you feel tired, fatigued of
□ Louder than talking	not up to par?
□ Very loud. Can be heard in adjacent rooms	□ Nearly every day
O. Harristan da con conse	□ 3-4 times per week
3. How often do you snore?	□ 1-2 times per week
<ul><li>□ Nearly every day</li><li>□ 3-4 times per week</li></ul>	□ 1-2 times per month
•	□ Never or nearly never
□ 1-2 times per week	9. Have you ever needed off or fellen calcan while
□ 1-2 times per month	8. Have you ever nodded off or fallen asleep while driving a vehicle?
□ Never or nearly never	□ Yes
4. Has your snoring ever bothered other people?	□ No
□ Yes	
□ No	If yes, how often does it occur?
L 140	□ Nearly every day
5. Has anyone noticed that you stop breathing during	□ 3-4 times per week
your sleep?	□ 1-2 times per week
□ Nearly every day	□ 1-2 times per month
□ 3-4 times per week	□ Never or nearly never
□ 1-2 times per week	
<ul> <li>1-2 times per month</li> </ul>	Category 3
<ul> <li>Never or nearly never</li> </ul>	9. Do you have high blood pressure?
	□ Yes
	□ No
	□ Don't know
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Scoring Questions: Any answer within the box outline is	s a positive response
Scoring Categories:	
Category 1 is positive with 2 or more positive responses to questions 1-5 □	
Category 2 is positive with 2 or more positive responses to questions 6-8 □	
Category 3 is positive with 1 positive response and/or a BMI>30	
Final result: 2 or more possible categories indicate a high likelihood of sleep disordered breathing.	
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Signature of Patient (Parent or Guardian if minor):	Date:
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