

## Berlin Sleep Questionnaire:

### 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 per week
- 1-2 times per week
- 1-2 times per month
- Never or nearly never

4. Has your snoring ever bothered other people?

- Yes
- No

5. Has anyone noticed that you stop breathing during your sleep?

- Nearly every day
- 3-4 times per week
- 1-2 times per week
- 1-2 times per 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 per week
- 1-2 times per week
- 1-2 times per month
- Never or nearly never

7. During your wake time, do you feel tired, fatigued or not up to par?

- Nearly every day
- 3-4 times per week
- 1-2 times per week
- 1-2 times per month
- Never or nearly never

8. Have you ever nodded off or fallen asleep while driving a vehicle?

- Yes
- No

If yes, how often does it occur?

- Nearly every day
- 3-4 times per week
- 1-2 times per week
- 1-2 times per month
- Never or nearly never

### Category 3

9. Do you have high blood pressure?

- Yes
- No
- Don't know

#### FOR OFFICE USE ONLY

Scoring Questions: Any answer within the box outline is 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.

Signature of Patient (Parent or Guardian if minor): \_\_\_\_\_ Date: \_\_\_\_\_