Berlin Questionnaire

SLEEP EVALUATION

1) Complete the following:	0.5
height age	8) During your wake time, do you feel
weight male/female	tired, fatigued or not wake up to par? □ nearly every day
	□ 3-4 times a week
2) Do you snore?	□ 1-2 times a week
□ yes	□ 1-2 times a week
□ no	never or nearly never
□ don't know	- novor or mounty mover
If you are are	9) Have you ever nodded off or fallen
If you snore:	asleep while driving a vehicle?
3) Your snoring is?	□ yes
□ slightly louder than breathing□ as loud as talking	□ no
☐ louder than talking	
very loud. Can be heard in adjacent	If yes, how often does it occur?
rooms.	□ nearly every day
Toomo.	□ 3-4 times a week
4) How often do you snore?	□ 1-2 times a week
□ nearly every day	□ 1-2 times a month
□ 3-4 times a week	□ never or nearly never
☐ 1-2 times a week	40\ D
☐ 1-2 times a month	10) Do you have high blood pressure?
□ never or nearly never	□ yes
	□ no □ don't know
5) Has your snoring ever bothered other	□ don t know
people?	BMI =
□ yes	Divil -
□ no	
6) Has anyone noticed that you quit	Portland
breathing during your sleep?	Dortland
nearly every day	FOLIANO
□ 3-4 times a week	
□ 1-2 times a week	19 21 (
☐ 1-2 times a month	Charles and Company C
never or nearly never	Physicians & Surgeons ®
,	We specialize in you.
7) Have after the confeel that an fathered	

7) How often do you feel tired or fatigued after your sleep?

aitei your sieep?	
□ nearly every day	
☐ 3-4 times a week	
□ 1-2 times a week	
□ 1-2 times a month	
□ never or nearly never	

The Portland Clinic Sleep Center

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Any answer within box outline is a positive response.
Category 1 is positive with 2 or more positive responses to questions 2-6 ☐
Category 2 is positive with 2 or more positive responses to questions 7-9 $\ \square$
Category 3 is positive with 1 or more positive responses and/or a BMI>30 \square
2 or more positive categories indicates a high likelihood of sleep disordered breathing.