

# Berlin Questionnaire

## SLEEP EVALUATION

### 1) Complete the following:

height \_\_\_\_\_ age \_\_\_\_\_  
weight \_\_\_\_\_ male/female \_\_\_\_\_

### 2) Do you snore?

- yes
- no
- don't know

If you snore:

### 3) Your snoring is?

- slightly louder than breathing
- as loud as talking
- louder than talking
- very loud. Can be heard in adjacent rooms.

### 4) 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

### 5) Has your snoring ever bothered other people?

- yes
- no

### 6) 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

### 7) 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

### 8) During your wake time, do you feel tired, fatigued or not wake 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

### 9) 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 a week
- 1-2 times a week
- 1-2 times a month
- never or nearly never

### 10) Do you have high blood pressure?

- yes
- no
- don't know

BMI =



**The Portland Clinic Sleep Center**

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Scoring Questions:

Any answer within box outline is a positive response.

Scoring Categories:

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

Category 3 is positive with 1 or more positive responses and/or a BMI>30

Final Results:

**2 or more positive categories indicates a high likelihood of sleep disordered breathing.**