



Regional Sleep Disorders Center

Phone (410) 822-1000 Ext. 5338/5320 Fax (410) 763-7051

BERLIN QUESTIONNAIRE

Height (m) _____ Weight (kg) _____ Age _____ Male Female

Please choose the correct response to each question.

CATEGORY 1

1. Do you snore?

- a. Yes
- b. No
- c. Don't know

If you snore:

2. Your snoring is:

- a. Slightly louder than breathing
- b. As loud as talking
- c. Louder than talking
- d. Very loud – can be heard in adjacent rooms

3. How often do you snore?

- a. Nearly every day
- b. 3-4 times a week
- c. 1-2 times a week
- d. 1-2 times a month
- e. Never or nearly never

4. Has your snoring ever bothered other people?

- a. Yes
- b. No
- c. Don't Know

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

- a. Nearly every day
- b. 3-4 times a week
- c. 1-2 times a week
- d. 1-2 times a month
- e. Never or nearly never

CATEGORY 2

6. How often do you feel tired or fatigued after your sleep?

- a. Nearly every day
- b. 3-4 times a week
- c. 1-2 times a week
- d. 1-2 times a month
- e. Never or nearly never

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

- a. Nearly every day
- b. 3-4 times a week
- c. 1-2 times a week
- d. 1-2 times a month
- e. Never or nearly never

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

a. Yes

b. No

If yes:

9. How often does this occur?

a. Nearly every day

b. 3-4 times a week

c. 1-2 times a week

d. 1-2 times a month

e. Never or nearly never

CATEGORY 3

10. Do you have high blood pressure?

Yes

No

Don't know

Categories and scoring:

Category 1: items 1, 2, 3, 4, 5

Item 1: if 'Yes', assign 1 point

Item 2: if 'c' or 'd' is the response, assign 1 point

Item 3: if 'a' or 'b' is the response, assign 1 point

Item 4: if 'a' is the response, assign 1 point

Item 5: if 'a' or 'b' is the response, assign 2 points

Add points. Category 1 is positive if the total score is 2 or more points

Category 2: items 6, 7, 8 (item 9 should be noted separately)

Item 6: if 'a' or 'b' is the response, assign 1 point

Item 7: if 'a' or 'b' is the response, assign 1 point

Item 8: if 'a' is the response, assign 1 point

Add points. Category 2 is positive if the total score is 2 or more points

Category 3 is positive if the answer to item 10 is 'Yes' OR if the BMI of the patient is greater than 30kg/m².

(BMI must be calculated. BMI is defined as weight (kg) divided by height (m) squared, i.e., kg/m²).

High Risk: if there are 2 or more Categories where the score is positive

Low Risk: if there is only 1 or no Categories where the score is positive

Additional question: item 9 should be noted separately.