

Apnea

If your partner complains about your loud snoring and you are sleepy during the day, it may be a symptom of sleep apnea syndrome. This common sleep disorder is caused by structures in the throat blocking the flow of air in and out of the lungs. People who suffer from this may awaken hundreds of times per night and be totally unaware of it upon rising. If left untreated, you may increase your risk of heart problems, stroke and automobile accidents.

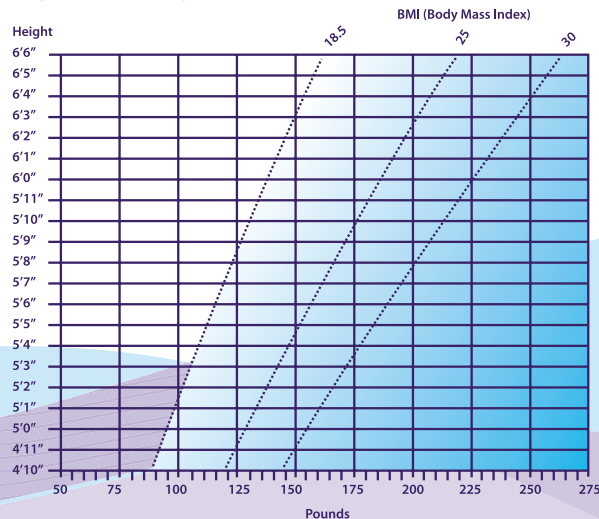
Do you think you might have sleep apnea? A good place to start is to discuss your symptoms with your primary care provider. The Billing Clinic Sleep Disorders Center is also available to help address your concerns.

The following Berlin questionnaire can help you decide if you need further investigating.

Berlin Questionnaire

The Berlin Questionnaire is a scientifically tested tool that you can use to help you and your health care provider decide how concerned you should be about sleep apnea. Complete the questionnaire. For BMI (Body Mass Index) use the table below. If you have any questions, problems completing the questionnaire, or if the results suggest sleep apnea please call the Billings Clinic Sleep Disorders Center at (406) 238-2500 or 1-800-252-1246, 8 am to 4:30 pm Monday through Friday.

Are you at a healthy weight?



A complaint that lasts a month or more should prompt you to ask your doctor for a referral to the Sleep Disorders Center at Billings Clinic in Billings, Miles City, or Cody, Wyoming. Following an initial evaluation, which reviews your lifestyle and environment, medical and sleep history, as well as your physical condition, recommendations will be offered. There may be simple steps you can implement without further assistance. If your situation is more complex, it may require a monitored sleep study which will indicate if treatment is necessary.

Billings Clinic and Billings Clinic Miles City are accredited sleep disorders centers by the American Academy of Sleep Medicine, a national accrediting body for sleep disorders centers and labs, dedicated to setting standards and promoting excellence in sleep medicine health care, education and research.



Sleep Disorders Center Staff:

Pulmonology

Brendan Bellew, MD
Robert Merchant, MD
Robert Pueringer, MD
James Rollins, MD
Catherine Stephens, MD

Otolaryngology

Jennifer Andrus, MD
Paul Byorth, MD
Robin Scott Horrell, MD, PhD
Phillip Key, MD
Stephen Kramer, MD
Matthew Wolpoe, MD
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Pediatric Pulmonology

Jeremiah Lysinger, MD

Neurology

Scott Riggins, MD
(also sees patients in Miles City)

Cody Pulmonology

Stephen Mainini, MD



Sleep Apnea

Call for information:

(406) 238-2500 or 1-800-252-1246

E-mail: health@billingsclinic.org

Billings Clinic

(406) 238-2500
2800 Tenth Avenue North
Billings, Montana 59101

Billings Clinic Miles City

(406) 233-7000
620 South Haynes Avenue
Miles City, MT 59301

Billings Clinic Cody

(307) 527-7561
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Sleep Disorders Center

www.billingsclinic.com/sleepcenter

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Berlin Questionnaire

Sleep Evaluation in Primary Care

Name _____

Address _____

Please Complete the following:

Height _____ Age _____

Weight _____ Male/Female _____

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 a week
- 1-2 times a week
- 1-2 times a month
- never or nearly never

4. Has your snoring ever bothered other people?

- yes
- no

5. 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

Category 2

6. 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

7. During your waketime, do you feel tired, fatigued or not 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

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 a week
- 1-2 times a week
- 1-2 times a month
- never or nearly never

Category 3

9. Do you have high blood pressure?

- yes
- no
- don't know

10. BMI > 30 (See Chart)

- yes
- no

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 1-5
- Category 2**
 - is positive with 2 or more positive responses to questions 6-8
- Category 3**
 - is positive with 1 positive responses to questions 9-10

Final Result:

If 2 or more possible categories are positive, you have a high likelihood of sleep apnea.