Berlin Questionnaire

Sleep Evaluation in Primary Care

Please Complete the following:			6. How often do you feel tired or fatigued after		
height	age	_	your sleep?		
weight	male/female	/ 2	☐ nearly every day		
_			☐ 3-4 times a week		
1. Do you snore?		teg	☐ 1-2 times a week		
yes		Cai	☐ 1-2 times a month		
□ no		_	□ never or nearly never		
□ don't know					
			7. During your waketime, do you feel tired,		
If you snore:			fatigued or not up to par?		
2. Your snoring is?			□ nearly every day		
☐ slightly louder than breathing			☐ 3-4 times a week		
☐ as loud as talking			☐ 1-2 times a week		
□ louder than talking		7	☐ 1-2 times a month		
□ very loud. Can be heard in adjacent rooms.			□ never or nearly never		
L very load. carrie	- Heard III adjaceme rooms.				
3. How often do you snore?			8. Have you ever nodded off or fallen asleep		
nearly every day		٦	while driving a vehicle?		
□ 3-4 times a week			□ yes		
□ 1-2 times a week		_	no		
☐ 1-2 times a month					
☐ never or nearly never			if yes, how often does it occur?		
a never of flearly flever			nearly every day		
4. Has your snoring ever bothered other			□ 3-4 times a week		
people?			□ 1-2 times a week		
		7	□ 1-2 times a month		
□ yes		_	□ never or nearly never		
□ no			_ ,,		
E. Has anyone noticed that you guit		9. Do you have high blood pressure?			
5. Has anyone noticed that you quit		m	gres gressarer		
breathing during your sleep?		Category 3	no		
□ nearly every day		- Back	☐ don't know		
☐ 3-4 times a week		Zate	a doll e know		
☐ 1-2 times a week ☐ 1-2 times a mont		O	10. BMI > 30 (<i>See Chart</i>)		
□ never or nearly never			ges		
			no		
Scoring Questions: Any answer within box outline is a positive response.			onse.		
Scoring categories			Name		
Scoring categories: Category 1 is positive with 2 or more positive responses to questions 1-5			s 1-5		
\Box Category 1 is positive with 2 or more positive responses to que					
☐ Category 2 is positive with 1 positive responses to question:					
	. , ,				
Final Result: If 2 or more possible categories are positive,					
you have a high likelihood of sleep apnea.					