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## **Berlin Questionnaire**

1. Body Mass Index Information:	CATEGORY 2 QUESTIONS
Height (in inches):	7. Are you tired after sleeping?
Weight (in pounds):	Almost every day **
CATEGORY 1 QUESTIONS	3 - 4 times per week **
2. Do you snore?	C 1 - 2 times per week
C Yes **	1 - 2 times per month
C No	0
C I don't know	Never or almost never  8. Are you tired during waketime?
3. How loud is your snoring?	
My snoring is as loud as breathing	Almost every day **
My snoring is as loud as talking	3 - 4 times per week **
0	1 - 2 times per week
My snoring is louder than talking **	1 - 2 times per month
My snoring is very loud **  4. How frequently do you snore?	Never or almost never
0	9. How often do you nod off or fall asleep while driving?
Almost every day **	Almost every day **
3 - 4 times per week **	O 3 - 4 times per week **
1 - 2 times per week	1 - 2 times per week
1 - 2 times per month	0
Never or almost never	1 - 2 times per month
5. Does your snoring bother other people?	Never or almost never  CATEGORY 3 QUESTIONS
C Yes **	10. Do you have high blood pressure?
C No	C Yes**
6. How often have your breathing pauses been noticed?	0
C Almost every day **	No C
O 3 - 4 times per week **	I don't know BMI (body mass index)
0	
1 - 2 times per week	BMI > 30 **  Weight
1 - 2 times per month	BMI = X 703
Never or almost never	Height X Height
	Weight in pounds, height in inches.
Berlin Scoring Results	
Any answer followed by double asterisks (**) is a positive response.  Category 1 is positive with 2 or more positive responses to questions 2 through 6	
Category 2 is positive with 2 or more positive responses to questions 7 through 9 Category 3 is positive with 1 or more positive responses and/or a BMI>30	
2 or more positive categories indicates a high liklihood of sleep apnea	<del></del>