

# Berlin Questionnaire

## SLEEP EVALUATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date \_\_\_\_\_

**1. Complete the following:**

Height \_\_\_\_\_ Age \_\_\_\_\_  
 Weight \_\_\_\_\_ Male/Female \_\_\_\_\_  
 Has your weight changed?  
 Increased  
 Decreased  
 No change

**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

**4. How often do you snore?**

Almost every day  
 3-4 times a week  
 1-2 times a week  
 1-2 times a month  
 Never or almost never

**5. Does your snoring bother other people?**

Yes  No

**6. Has anyone noticed that you quit**

**breathing during your sleep?**

Almost every day  
 3-4 times a week  
 1-2 times a week  
 1-2 times a month  
 Never or almost never

CATEGORY 2

**7. Are you tired after sleeping?**

Almost every day  
 3-4 times a week  
 1-2 times a week  
 1-2 times a month  
 Never or almost never

**8. Are you tired during waketime?**

Almost every day  
 3-4 times a week  
 1-2 times a week  
 1-2 times a month  
 Never or almost never

**9. Have you ever nodded off or fallen asleep while driving?**

Yes  No  Don't know

**If yes, how often does it occur?**

Every day  
 3-4 times a week  
 1-2 times a week  
 1-2 times a month  
 Never or almost never

**10. Do you have high blood pressure?**

Yes  No  Don't know

**BMI =** \_\_\_\_\_

$$\text{BMI} = \frac{\text{Weight}}{\text{Height} \times \text{Height}} \times 703$$

CATEGORY 3

CATEGORY 1

**Category 1**, questions 2-6  **High Risk:** 2 or more positive responses to answers highlight in gray

**Category 2**, questions 7-9  **High Risk:** 2 or more positive responses to answers highlight in gray

**Category 3**, question 10  **High Risk:** A **YES** response and/or BMI > 30

**Final Result:** 2 or more checked categories indicates **high likelihood of sleep apnea**

# Body Mass Index Table

		Weight (pounds)													
		120	130	140	150	160	170	180	190	200	210	220	230	240	250
Height	5'0"	23	25	27	29	31	33	35	37	39	41	43	45	47	49
	5'2"	22	24	26	27	29	31	33	35	37	38	40	42	44	46
	5'4"	21	22	24	26	28	29	31	33	34	36	38	40	41	43
	5'6"	19	21	23	24	26	27	29	31	32	34	36	37	39	40
	5'8"	18	20	21	23	24	26	27	29	30	32	34	35	37	38
	5'10"	17	19	20	22	23	24	26	27	29	30	32	33	35	36
	6'0"	16	18	19	20	22	23	24	26	27	29	30	31	33	34
	6'2"	15	17	18	19	21	22	23	24	26	27	28	30	31	32