

# Berlin Questionnaire

## Sleep Apnea

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 answered 'Yes':*

2. You snoring is:  
 a. Slightly louder than breathing  
 b. As loud as talking  
 c. Louder than talking  
 d. Very loud – can be heard in other rooms
3. How often do you snore?  
 a. Almost every day  
 b. 3-4 times per week  
 c. 1-2 times per week  
 d. 1-2 times per month  
 e. Rarely or never
4. Has your snoring ever bothered other people?  
 a. Yes  
 b. No  
 c. Don't know
5. Has anyone noticed that you stop breathing during your sleep?  
 a. Almost every day  
 b. 3-4 times per week  
 c. 1-2 times per week  
 d. 1-2 times per month  
 e. Rarely or never

### Category 2

6. How often do you feel tired or fatigued after your sleep?  
 a. Almost every day  
 b. 3-4 times per week  
 c. 1-2 times per week  
 d. 1-2 times per month  
 e. Rarely or never
7. During your waking time, do you feel tired, fatigued or not up to par?  
 a. Almost every day  
 b. 3-4 times per week  
 c. 1-2 times per week  
 d. 1-2 times per month  
 e. Rarely or never
8. Have you ever nodded off or fallen asleep while driving a vehicle?  
 a. Yes  
 b. No

*If you answered 'Yes':*

9. How often does this occur?  
 a. Almost every day  
 b. 3-4 times per week  
 c. 1-2 times per week  
 d. 1-2 times per month  
 e. Rarely or never

### Category 3

10. Do you have high blood pressure?  
 Yes  
 No  
 Don't know

## **Berlin Questionnaire**

### **Sleep Apnea**

#### **Scoring Berlin Questionnaire**

The questionnaire consists of 3 categories related to the risk of having sleep apnea. Patients can be classified into High Risk or Low Risk based on their responses to the individual items and their overall scores in the symptom categories.

#### **Categories and Scoring:**

**Category 1:** items 1, 2, 3, 4, and 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/m<sup>2</sup>.

*(BMI is defined as weight (kg) divided by height (m) squared, i.e., kg/m<sup>2</sup>).*

**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.