**Berlin Questionnaire**

Date \_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_\_

Height (m) \_\_\_\_\_\_ Weight (kg) \_\_\_\_\_\_ Age \_\_\_\_\_\_ Male / Female

**Please choose the correct response to each question.**

**1. Do you snore?**

□ a. Yes

□ b. No

□ c. Don’t know

**If you answered ‘yes’:**

**2. Your snoring is:**

□ a. Slightly louder than breathing

□ b. As loud as talking

□ c. Louder than talking

**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

**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

**10. Do you have high blood**

**pressure?**

□ Yes

□ No

□ Don’t know