

Patient Name: _____

DOB: _____ Date: _____

Height: _____ Weight: _____ Age: _____

Gender: [] Male [] Female

Please select the best answer to each question below:

CATEGORY 1 QUESTIONS

1. Do you snore ?

- Yes
- No
- Don't Know

If you snore:

2. Your snoring is:

- a) slightly louder than breathing
- b) breathing
- c) loud as talking
- d) louder than talking
- e) very loud- can be heard in next room

3. How often do you snore ?

- a) nearly every day
- b) 3-4 times a week
- c) 1-2 times a week
- d) 1-2 times a month
- e) never or nearly never

4. Has your snoring ever bothered other people ?

- Yes
- No
- Don't Know

5. Has anyone ever noticed that you quit breathing during your sleep ?

- a) nearly every day
- b) 3-4 times a week
- c) 1-2 times a week
- d) 1-2 times a month
- e) never or nearly never

CATEGORY 2 QUESTIONS

6. How

- a) nearly every day
- b) 3-4 times a week
- c) 1-2 times a week
- d) 1-2 times a month
- e) never or nearly never

7. During

- a) nearly every day
- b) 3-4 times a week
- c) 1-2 times a week
- d) 1-2 times a month
- e) never or nearly never

8. Have

- a) nearly every day
- b) 3-4 times a week
- c) 1-2 times a week
- d) 1-2 times a month
- e) never or nearly never

If # 8 was Yes, answer # 9:

9. How

- a) nearly every day
- b) 3-4 times a week
- c) 1-2 times a week
- d) 1-2 times a month
- e) never or nearly never

CATEGORY 3 QUESTION

10. Do you have high blood

- Yes
- No
- Don't Know

<p>Scoring Category: HIGH RISK or LOW RISK</p> <p>(circle one)</p>
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Table 2 from



BERLIN QUESTIONNAIRE



