BERLIN QUESTIONNAIRE

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 snore:

2. **Your snoring is:**
_ a. Slightly louder than breathing
_ b. As loud as talking
_ c. Louder than talking
_ d. Very loud – can be heard in adjacent rooms

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?**
_ a. Yes
_ b. No
_ c. Don’t Know

5. **Has anyone 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

6. **How often do you feel tired or fatigued after 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

7. **During your waking time, do you feel tired, fatigued or not up to par?**
_ 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 you ever nodded off or fallen asleep while driving a vehicle?**
_ a. Yes
_ b. No

If yes:

9. **How often does this occur?**
_ 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

10. **Do you have high blood pressure?**
_ Yes
_ No
_ Don’t know