




Berlin Questionnaire



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Height (m)

Weight (kg)

BMI

Category 1

1. Do you snore?

- a. Yes
- b. No
- c. Don't Know

2. If you snore, 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 everyday
- 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 everyday
- 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 everyday
- 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 everyday
- 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, how often does this occur

- a. Nearly everyday
- 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?

- a. Yes
- b. No
- c. Don't Know

YOUR RISK: