1. Complete the following:
   Height ________ Age ________
   Weight ________ Male/Female ________
   Has your weight changed?
   □ Increased
   □ Decreased
   □ No change

2. Do you snore?
   □ Yes  □ No  □ Don’t know

If you snore:

3. Your snoring is...
   □ Slightly louder than breathing
   □ As loud as talking
   □ Louder than talking
   □ Very loud

4. How often do you snore?
   □ Almost every day
   □ 3-4 times a week
   □ 1-2 times a week
   □ 1-2 times a month
   □ Never or almost never

5. Does your snoring bother other people?
   □ Yes  □ No

6. Has anyone noticed that you quit breathing during your sleep?
   □ Almost every day
   □ 3-4 times a week
   □ 1-2 times a week
   □ 1-2 times a month
   □ Never or almost never

7. Are you tired after sleeping?
   □ Almost every day
   □ 3-4 times a week
   □ 1-2 times a week
   □ 1-2 times a month
   □ Never or almost never

8. Are you tired during waketime?
   □ Almost every day
   □ 3-4 times a week
   □ 1-2 times a week
   □ 1-2 times a month
   □ Never or almost never

9. Have you ever nodded off or fallen asleep while driving?
   □ Yes  □ No  □ Don’t know

If yes, how often does it occur?
   □ Every day
   □ 3-4 times a week
   □ 1-2 times a week
   □ 1-2 times a month
   □ Never or almost never

10. Do you have high blood pressure?
    □ Yes  □ No  □ Don’t know
Berlin Questionnaire
SLEEP EVALUATION

Name

City, State and Zip

1. Complete the following:
   Height _______ Age _______
   Weight _______ Male/Female _______
   Has your weight changed?
   □ Increased
   □ Decreased
   □ No change

2. Do you snore?
   □ Yes  □ No  □ Don’t know

If you snore:

3. Your snoring is...
   □ Slightly louder than breathing
   □ As loud as talking
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If yes, how often does it occur?
   □ Every day
   □ 3-4 times a week
   □ 1-2 times a week
   □ 1-2 times a month
   □ Never or almost never

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

BMI = ________

BMI = \( \frac{\text{Weight}}{\text{Height} \times \text{Height}} \) x 703

Category 1, questions 2-6 □ High Risk: 2 or more positive responses to answers highlight in gray
Category 2, questions 7-9 □ High Risk: 2 or more positive responses to answers highlight in gray
Category 3, question 10  □ High Risk: A YES response and/or BMI > 30

Final Result: 2 or more checked categories indicates high likelihood of sleep apnea

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Physician Copy
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