

BERLIN QUESTIONNAIRE

Height (m) _____ Weight (kg) _____ Age _____ Male/Female* Occupation _____

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 stop 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

*Delete as appropriate