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### CATEGORY 1

#### 1. Do you snore?

- Yes  
 No  
 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

## BERLIN QUESTIONNAIRE

Height (m) \_\_\_\_\_ Weight (kg) \_\_\_\_\_  
Age \_\_\_\_\_ Male / Female

Please choose the correct response to each question.

### 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  Don't Know  
 No

The Berlin Questionnaire is a great way to screen for the risks of Sleep Apnea. The questionnaire consists of 3 categories where patients can be classified into High Risk or Low Risk based on their responses to the individual questions and their overall scores in the symptom categories.

Scoring:

Category 1: Questions # 1-5

Question 1: if 'Yes' is the response, assign 1 Point

Question 2: If 'C' or 'D' is the response, assign 1 Point

Question 3: if 'A' or 'B' is the response assign 1 point

Question 4: if 'A' is the response assign 1 point

Question 5: If 'A' or 'B' is the response, assign 2 points

Total Points:

Category 1 is positive if the total score is 2 or more points

Category 2: Questions 6-8 (question # 9 should be noted separately)

Question 6: If 'A' or 'B' is the response assign 1 Point

Question 7: if 'A' or 'B' is the response, assign 1 Point

Question 8: If 'A' is the response, assign 1 Point

Total Points:

Category 2 is positive if the total score is 2 or more points

Category 3 is positive if response to question # 10 is "Yes" OR if the patient's BMI is greater than  $30\text{kg}/\text{m}^2$

(BMI must be calculated. BMI is defined as weight (kg) divided by height (m) squared, i.e,  $\text{kg}/\text{m}^2$ )

Results:

High Risk: If there are 2 or more categories where the score is positive

Low Risk: if there is only 1 or no categories where the score is positive