



Tel: 718.220.4210 • Fax: 718.220.4235
2951 Grand Concourse • Suite 1A • Bronx, NY 10468

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, kg/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