

Berlin Questionnaire[©] Sleep Apnea

Name of the patient:: _____ Neck Size: _____

Height (m) _____ Weight (kg) _____ BMI: _____ Age _____ Male / Female

Please choose the correct response to each question.

Category 1

1. Do you snore?

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

If you answered 'yes':

2. Your snoring is:

- a. Slightly louder than breathing
- b. As loud as talking
- c. Louder than talking

3. How often do you snore?

- a. Almost every day
- b. 3-4 times per week
- c. 1-2 times per week
- d. 1-2 times per month
- e. Rarely or 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. Almost every day
- b. 3-4 times per week
- c. 1-2 times per week
- d. 1-2 times per month
- e. Rarely or never

6. How often do you feel tired or fatigued after your sleep?

- a. Almost every day
- b. 3-4 times per week
- c. 1-2 times per week
- d. 1-2 times per month
- e. Rarely or never

Category 2

7. During your waking time, do you feel tired, fatigued or not up to par?

- a. Almost every day
- b. 3-4 times per week
- c. 1-2 times per week
- d. 1-2 times per month
- e. Rarely or never

8. Have you ever nodded off or fallen asleep while driving a vehicle?

- a. Yes
- b. No

If you answered 'yes':

9. How often does this occur?

- a. Almost every day
- b. 3-4 times per week
- c. 1-2 times per week
- d. 1-2 times per month
- e. Rarely or never

Category 3

10. Do you have high blood pressure?

- Yes
- No
- Don't know

Scoring

Category 1 is positive with 2 positive responses to questions 1–5.
Category 2 is positive with 2 positive responses to questions 6–9.
Category 3 is positive with a self-report of high blood pressure and/or a BMI of >30 kg/m².

High risk of OSA Two or more categories scored as positive.
Low risk of OSA Less than two categories scored as positive.