

# Berlin Questionnaire

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## 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