Berlin *Questionnaire*
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1. Complete the following:

height _____   age_____

weight _____   male/female ____

Category 1

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. Can be heard in adjacent rooms.

4. How often do you snore?

☐ nearly every day

☐ 3-4 times a week

☐ 1-2 times a week

☐ 1-2 times a month

☐ never or nearly never

5. Has your snoring ever bothered other people?

☐ yes

☐ no

6. Has anyone noticed that you quit breathing during your sleep?

☐ nearly every day

☐ 3-4 times a week

☐ 1-2 times a week

☐ 1-2 times a month

☐ never or nearly never

Category 2

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

☐ nearly every day

☐ 3-4 times a week

☐ 1-2 times a week

☐ 1-2 times a month

☐ never or nearly never

8. During your waketime, do you feel tired, fatigued or not up to par?

☐ nearly every day

☐ 3-4 times a week

☐ 1-2 times a week

☐ 1-2 times a month

☐ never or nearly never

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

☐ yes

☐ no

If yes, how often does it occur?

☐ nearly every day

☐ 3-4 times a week

☐ 1-2 times a week

☐ 1-2 times a month

☐ never or nearly never

Category 3

10. Do you have high blood pressure?

☐ yes

☐ no

☐ don't know

BMI =

Scoring Questions: Any answer within box outline is a positive response.

Scoring Categories:

Category 1 is positive with 2 or more positive responses to questions 2-6   ☐

Category 2 is positive with 2 or more positive responses to questions 7-9   ☐

Category 3 is positive with 1 positive response and/or a BMI >30   ☐

Final Result: 2 or more positive categories indicates a high likelihood of sleep disordered breathing.

Name _____

Address _____

_____

REFERRAL COPY

PTech JJ 1/22/07 MCI 4100904 PN 1040664

Patient Name _____ Phone_____

Fax Order To: 623-266-7254 along with signed doctor's prescription.

Berlin Questionnaire Overview and Instructions for Use

Purpose

The Berlin Questionnaire is a validated patient survey that helps to identify Obstructive Sleep Apnea (OSA) in patients. It is the most accurate tool currently available. It was developed in 1998 at a medical conference in Berlin, Germany, by a group of family practice physicians and sleep researchers.

The purpose of the Berlin Questionnaire is twofold: to identify patients who are at high risk for OSA and to identify those snoring patients who have a low risk for OSA. It is a simple, self-administered patient questionnaire and a validated predictive assessment tool designed to assess three OSA risk categories:

- the presence and frequency of snoring behavior
- wake time sleepiness or fatigue
- a history of obesity and/or hypertension

Instructions for Use

Step 1:   **Have patient complete questionnaire.**

Step 2:   **How to Score a Questionnaire**
The scoring is divided into three categories. The positive questions are framed within the black box outline; negative questions are not framed.

Category 1 evaluates sleep and snoring behavior.
If there are two or more answers inside the black boxes, this is considered to be a positive response.

Category 2 determines the presence of daytime sleepiness.
If there are two or more answers inside the black box, this is considered to be a positive response.

Category 3 assesses patient's history of hypertension and obesity.
Category 3 requires you to calculate the Body Mass Index (BMI) and document if the patient has hypertension. If the BMI is greater than 30, it is a positive response. If the patient has a history of hypertension, it is a positive response. Category 3 is considered positive when only one of the two questions is positive.

Step 3:   **Discussing Questionnaire Results with Patient**
A patient has a positive questionnaire if he or she scores "positive" in two or more sections. If two or more sections are positive, discuss with the patient his or her risk of having a sleep disorder and explore the patient's willingness to go to a sleep center for a polysomnography. If the patient is willing, he or she should be directed to a sleep center for additional evaluation.