

## Berlin Questionnaire ©1997 IONSLEEP

1.	Comple	te the following:		7.	. How often do you feel tired or fatigued after					
	height weight		age		your sl	eep?				
			male/female			nearly every day				
						3-4 times a week				
2.	Do you	snore?				1-2 times a week				
		yes				1-2 times a month				
		no				never or nearly never				
		don't know		8.	During your waketime, do you feel tired, fatigued or not					
If yo	u snore:	•			up to p	ar?				
3.	Your sn	oring is?				nearly every day				
		slightly louder	than breathing			3-4 times a week				
		as loud as talk	<u> </u>			1-2 times a week				
		louder than ta	=			1-2 times a month				
			be heard in adjacent rooms.			never or nearly never				
4.	How of	ten do you snore	?	9.		ou ever nodded off or fallen asleep while a vehicle?				
		nearly every da	ay			yes				
		3-4 times a w	eek			no				
		1-2 times a w	eek		If yes, how often does it occur?					
		1-2 times a m	onth		ıı yes,	nearly every day				
		never or nearly	never			3-4 times a week				
5	Has voi	ur snoring ever h	oothered other people?		_	1-2 times a week				
٥.		yes	othered other people.			1-2 times a week  1-2 times a month				
		no				never or nearly never				
_						never of flearly flever				
6.		yone noticed tha your sleep?	t you quit breathing							
		nearly every da	av.	10.	Do you	have high blood pressure?				
		3-4 times a w				yes				
		1-2 times a w				no				
		1-2 times a w				don't know				
		never or nearly								
		never of nearly	y Hevel							
					Name					

PATIENT COPY PTech JJ 1/22/07 MCI 4100904 PN 1040664

Address



## Berlin Questionnaire ©1997 IONSLEEP

1. Complete the following:  height age	<ol><li>How often do you feel tired or fatigued after your sleep?</li></ol>						
<u> </u>	nearly every day						
weight male/female	☐ 3-4 times a week						
2. Do you snore?	☐ 1-2 times a week						
	☐ 1-2 times a month						
yes no	□ never or nearly never						
□ yes □ don't know							
	8. During your waketime, do you feel tired, fatigued or not up to par?						
If you snore: 3. Your snoring is?	□ nearly every day						
	☐ 3-4 times a week						
	☐ 1-2 times a week						
	☐ 1-2 times a month						
	☐ never or nearly never						
□ very loud. Can be heard in adjacent rooms.	·						
4. How often do you snore?	Have you ever nodded off or fallen asleep while driving a vehicle?						
☐ nearly every day	□ yes						
☐ 3-4 times a week	□ no						
☐ 1-2 times a week							
☐ 1-2 times a month	If yes, how often does it occur?						
☐ never or nearly never	nearly every day						
E. Hee years energing every heathered ether needle?	☐ 3-4 times a week						
5. Has your snoring ever bothered other people?	☐ 1-2 times a week						
□ yes	☐ 1-2 times a month						
	☐ never or nearly never						
6. Has anyone noticed that you quit breathing							
during your sleep?	10. Do you have high blood pressure?						
□ nearly every day □ 3-4 times a week □ 1-2 times a week	□ yes						
☐ 3-4 times a week ☐ 1-2 times a week	no 🗆						
☐ 1-2 times a week ☐ 1-2 times a month	□ don't know						
□ never or nearly never	BMI =						
coring Questions: Any answer within box outline is a positive response.							
	Name						
oring Categories:							
stegory 1 is positive with 2 or more positive responses to questions 2-6 $\Box$	Address						
ategory 2 is positive with 2 or more positive responses to questions 7-9	Address						
ategory 3 is positive with 1 positive response and/or a BMI >30							
nal Result: 2 or more positive categories indicates a high likelihood of							

sleep disordered breathing.



## Berlin Questionnaire ©1997 IONSLEEP

1. Complete the following:

sleep disordered breathing.

1. Complete the following:	7. How often do you feel tired or fatigued after
height age	
weight male/female	nearly every day  3-4 times a week
	□ 3-4 times a week
2. Do you snore?	☐ 1-2 times a week
□ yes	☐ 1-2 times a month
□ no	☐ never or nearly never
□ yes □ no □ don't know	8. During your waketime, do you feel tired, fatigued or not up to par?
If you snore: 3. Your snoring is?	□ nearly every day
☐ slightly louder than breathing	☐ 3-4 times a week
	☐ 1-2 times a week
<ul><li>☐ as loud as talking</li><li>☐ louder than talking</li></ul>	☐ 1-2 times a month
□ very loud. Can be heard in adjacent rooms.	☐ never or nearly never
4. How often do you snore?	9. Have you ever nodded off or fallen asleep while
nearly every day	driving a vehicle?
□ 3-4 times a week	□ yes
☐ 1-2 times a week	□ no
☐ 1-2 times a week	If yes, how often does it occur?
□ never or nearly never	☐ nearly every day
·	☐ 3-4 times a week
5. Has your snoring ever bothered other people?	☐ 1-2 times a week
□ yes	☐ 1-2 times a month
□ no	☐ never or nearly never
6. Has anyone noticed that you quit breathing during your sleep?	10. De yeu heye high bleed preseure?
☐ nearly every day	10. Do you have high blood pressure?
☐ 3-4 times a week	□ yes   □ don't know
☐ 1-2 times a week	□ don't know
☐ 1-2 times a month	doll t kilow
☐ never or nearly never	BMI =
coring Questions: Any answer within box outline is a positive respon	
	Name
coring Categories:	
ategory $1$ is positive with $2$ or more positive responses to questions $2$	Auuless
ategory 2 is positive with 2 or more positive responses to questions 7	7-9 🗆
ategory 3 is positive with 1 positive response and/or a BMI >30	
inal Result: 2 or more positive categories indicates a high likelih	and of

## **Body Mass Index Table**

				Weight in Pounds												
	4 10		01	00	100	10F	110					124	120	142	107	101
	4-10	<b>→</b>	91	96	100	105	110	114	120	124	129	134	139	143	167	191
	4-11 5-0	→ →	94	99 102	104	109	114	119 123	124 128	129	133 138	138	143 149	148 153	1 <b>73</b>	198 204
						112										
	5-1	<b>→</b>	100	106	111	116	122	127	132	137	143	148	153	158	185	211
	5-2	<b>→</b>	104	109	115	120	126	131	136	142	147	153	158	164	191	218
	5-3	<b>→</b>	107	113	118	124	130	135	141	147	152	156	163	169	197	225
	5-4	$\rightarrow$	111	116	122	128	134	140	145	151	157	163	168	174	204	233
	5-5	$\rightarrow$	114	120	126	132	138	144	150	153	162	168	174	180	210	240
th.	5-6	$\rightarrow$	118	124	130	136	142	148	155	161	167	173	179	185	216	248
Height	5-7	$\rightarrow$	121	127	134	140	147	153	159	166	172	178	185	191	223	255
工	5-8	<b>→</b>	125	131	138	144	151	158	164	171	177	187	190	197	230	263
	5-9	<b>→</b>	128	135	142	149	155	162	169	176	183	189	196	203	237	270
	5-10	$\rightarrow$	132	139	146	153	160	167	174	181	188	195	202	209	249	278
	5-11	$\rightarrow$	136	143	150	157	165	172	179	186	193	200	208	215	250	286
	6-0	$\rightarrow$	140	147	155	162	169	177	184	191	199	206	213	221	258	294
	6-1	<b>→</b>	144	151	159	166	174	182	190	197	204	212	219	227	268	303
	6-2	$\rightarrow$	148	155	163	171	179	187	194	202	210	218	225	233	272	311
	6-3	<b>→</b>	152	160	168	176	184	192	200	208	216	224	232	240	279	319
	6-4	$\rightarrow$	156	164	172	180	189	197	205	213	221	230	238	246	287	328
			1	<b>4</b>	<b>T</b>	<b>\</b>	<b>\</b>	<b>T</b>	<b>T</b>	<b>T</b>	<b>T</b>	<b>T</b>	<b>1</b>	<b>1</b>	<b>T</b>	<b>1</b>
			19	20	21	22	23	24	25	26	27	28	29	30	35	40
			ВМІ													

- 1. Look down the left column to find patient's height in feet and inches.
- 2. In the same row, find the number closest to the patient's weight in pounds.
- 3. BMI appears at the bottom of the column below the patient's weight.

Note: To calculate BMI with kilograms and meters use this formula:  $BMI = weight (kg)/height (m^2)$