

THE BERLIN QUESTIONNAIRE

Patient _____ Date _____ Physician _____

Please circle correct response:

Question	Response
Has your weight changed?	Increased Decreased No change
Do you snore?	Yes No Do not know
Snoring loudness	Loud as breathing Loud as talking Louder than talking Very loud
Snoring frequency	Almost every day 3 to 4 times per week 1 to 2 times per week 1 to 2 times per month Never or almost never
Does your snoring bother other people?	Yes No
How often have your breathing pauses been noticed?	Almost every day 3 to 4 times per week 1 to 2 times per week 1 to 2 times per month Never or almost never
Are you tired after sleeping?	Almost every day 3 to 4 times per week 1 to 2 times per week 1 to 2 times per month Never or almost never
Are you tired during wake time?	Almost every day 3 to 4 times per week 1 to 2 times per week 1 to 2 times per month Never or almost never
Have you ever fallen asleep while driving?	Yes No
Do you have high blood pressure?	Yes No Do not know