Memorial Hospital
OF SWEETWATER COUNTY

Patient Sticker

The Berlin Questionnaire for Obstructive Sleep Apnea

CATEGORY 1

1. **Complete the following:**
   Height _____ Age _____
   Weight _____ Sex _____

2. **Do you snore?**
   - ☐ *Yes
   - ☐ No
   - ☐ Don't know

If you snore:

3. **Your snoring is?**
   - ☐ Slightly louder than breathing
   - ☐ As load 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 you snoring every 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
   - ☐ Nearly 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
   - ☐ Nearly or nearly never

8. **During your wake time, 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
   - ☐ Nearly 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
   - ☐ Nearly 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 2 or more* positive response and/or BMI >30
Final Results:	2 or more positive categories indicates a high risk of obstructive sleep apnea

The Berlin questionnaire for obstructive sleep apnea incorporates questions about snoring (cat. 1), daytime somnolence (cat. 2), and hypertension and BMI (cat. 3)

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