Vitalistics

Berlin Questionnaire Sleep Evaluation

PHYSICIAN COPY

Name:

Address:

Height: **Weight:** **DOB:** **Male/Female:**

CATEGORY 1

1. 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

CATEGORY 2

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 wake time?
   - ☐ 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

CATEGORY 3

10. Do you have high blood pressure?
    - ☐ Yes
    - ☐ No
    - ☐ Don't know

BMI = ____

$$\text{BMI} = \frac{\text{Weight}}{\text{Height X Height}} \text{ X } 703$$

Category 1: Questions 2-6 ☐ **High Risk**: 2 or more positive responses to answers in blue

Category 2: Questions 7-9 ☐ **High Risk**: 2 or more positive responses to answers in blue

Category 3: Question 10 ☐ **High Risk**: A YES response and/or BMI > 30

Final Result: 2 or more checked categories indicates **high likelihood of sleep apnea**