

THE BERLIN QUESTIONNAIRE

Section 1

1. Do you snore?

a.) Yes b.) No c.) Don't know

2. How loud is your snoring?

a.) Breathing b.) Talking c.) Louder than talking d.) Very loud – can be heard in adjacent room

3. How often do you snore?

a.) Nearly every day b.) 3-4/wk c.) 1-2/wk d.) 1-2 times/mo e.) Almost Never

4. Has your snoring ever bothered others?

a.) Yes b.) No c.) Don't know

5. Do you stop breathing during sleep?

a.) Nearly every day b.) 3-4/wk c.) 1-2/wk d.) 1-2 times/mo e.) Almost Never

Section 2

6. How often do you feel tired after sleep?

a.) Nearly every day b.) 3-4/wk c.) 1-2/wk d.) 1-2 times/mo e.) Almost Never

7. While awake, do you feel tired?

a.) Nearly every day b.) 3-4/wk c.) 1-2/wk d.) 1-2 times/mo e.) Almost Never

8. Have you fallen asleep while driving?

a.) Yes b.) No

9. If yes, how often does this occur?

a.) Nearly every day b.) 3-4/wk c.) 1-2/wk d.) 1-2 times/mo e.) Almost Never

Section 3

10. Do you have high blood pressure?

a.) Yes b.) No c.) Don't know

