

# Berlin Questionnaire

## Category 1

1. Do you snore?

- Yes  
 No  
 Don't know

If you snore:

2. Your snoring is?

- Slightly louder than breathing  
 As loud as talking  
 Louder than talking  
 Very loud. Can be heard in adjacent rooms.

3. 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

4. Has your snoring ever bothered other people?

- Yes  
 No

5. 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  
 Never or nearly never

## Category 2

6. 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  
 Never or nearly never

7. During your waketime, 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  
 Never or nearly never

8. Have you ever nodded off or fallen asleep while driving a vehicle?

- Yes  
 No

9. 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  
 Never or nearly never

## Category 3

10. Do you have high blood pressure?

- Yes  
 No  
 Don't know

BMI (kg/m<sup>2</sup>)=