

Understanding the Diagnosis and Treatment of Obstructive Sleep Apnea

Berlin Questionnaire

Category 1

1. Do you snore?
 - As loud as breathing
 - As loud as talking
 - Louder than talking
 - Loud enough to be heard in the next room
2. How often do you snore?
 - Nearly every day
 - 3-4 x /week
 - 1-2 x /week
 - 1-2 x /month
 - Hardly ever
3. Has your snoring ever bothered other people?
 - Nearly every day
 - 3-4 x /week
 - 1-2 x /week
 - 1-2 x /month
 - Hardly ever
4. Has anyone noticed you stop breathing when you are asleep?
 - Nearly every day
 - 3-4 x /week
 - 1-2 x /week
 - 1-2 x /month
 - Hardly ever

Category 1 is positive if any of the above is present.

Category 2

1. After sleep, are you fatigued?
 - 3-4 x /week
 - 1-2 x /week
 - 1-2 x /month
 - Hardly ever
2. While awake, are you fatigued?
 - 3-4 x /week
 - 1-2 x /week
 - 1-2 x /month
 - Hardly ever
3. Have you ever fallen asleep while driving a vehicle?
 - Nearly every day
 - 3-4 x /week
 - 1-2 x /week
 - 1-2 x /month
 - Hardly ever

Category 2 is positive if any of the above is present.

Category 3

1. Do you have hypertension?
2. Is your BMI > 30?

Category 3 is positive if any of the above is present.

If ≥ 2 categories are positive, high risk for sleep disorder.