

## Modified <sup>\*\*</sup>Berlin Questionnaire (FOR SLEEP APNEA)

The questionnaire consists of 3 categories related to the risk of having sleep apnea.

Patients can be classified into High Risk or Low Risk based on their responses to the individual items and their overall scores in the symptom categories.

**Patient Name:**

**Height (m)**

**Weight (kg)**

**Age**

**Male**

**Female**

**Referring Physician :**

Please choose the correct response to each question.

**CATEGORY 1**

1. Do you snore?  
 a.  Yes  
 b.  No  
 c.  Don't know

*If you snore:*

2. Your snoring is:  
 a.  Slightly louder than breathing  
 b.  As loud as talking  
 c.  Louder than talking  
 d.  Very loud – can be heard in adjacent rooms

3. How often do you snore  
 a.  Nearly every day  
 b.  3-4 times a week  
 c.  1-2 times a week  
 d.  1-2 times a month  
 e.  Never or nearly never

4. Has your snoring ever bothered other people?  
 a.  Yes  
 b.  No  
 c.  Don't Know

5. Has anyone noticed that you quit breathing during your sleep?  
 a.  Nearly every day  
 b.  3-4 times a week  
 c.  1-2 times a week  
 d.  1-2 times a month  
 e.  Never or nearly never

**CATEGORY 2**

6. How often do you feel tired or fatigued after your sleep?  
 a.  Nearly every day  
 b.  3-4 times a week  
 c.  1-2 times a week  
 d.  1-2 times a month  
 e.  Never or nearly never

7. During your waking time, do you feel tired, fatigued or not up to par?  
 a.  Nearly every day  
 b.  3-4 times a week  
 c.  1-2 times a week  
 d.  1-2 times a month  
 e.  Never or nearly never

8. Have you ever nodded off or fallen asleep while driving a vehicle?  
 a.  Yes  
 b.  No  
*If yes:*

9. How often does this occur?  
 a.  Nearly every day  
 b.  3-4 times a week  
 c.  1-2 times a week  
 d.  1-2 times a month  
 e.  Never or nearly never

**CATEGORY 3**

10. Do you have high blood pressure?  
 a.  Yes  
 b.  No  
 c.  Don't know  
 Explain

11. Additional Question  
 Do you urinate at night?  
 Yes  
 No

- If Yes, How many times per night?  
 Once       2 or more times / night

**SCORING BERLIN QUESTIONNAIRE**

Category 1: items 1, 2, 3, 4, 5.  
 Item 1: if 'Yes', assign 1 point  
 Item 2: if 'c' or 'd' is the response, assign 1 point  
 Item 3: if 'a' or 'b' is the response, assign 1 point  
 Item 4: if 'a' is the response, assign 1 point  
 Item 5: if 'a' or 'b' is the response, assign 2 points  
 Add points.  
 Category 1 is positive if the total score is 2 or more points

Category 2: items 6, 7, 8 (item 9 should be noted separately).  
 Item 6: if 'a' or 'b' is the response, assign 1 point  
 Item 7: if 'a' or 'b' is the response, assign 1 point  
 Item 8: if 'a' is the response, assign 1 point  
 Add points.  
 Category 2 is positive if the total score is 2 or more points

Category 3 is positive if the answer to item 10 is 'Yes' OR if the BMI of the patient is greater than 30kg/m2.  
 (BMI must be calculated. BMI is defined as weight (kg) divided by height (m) squared, i.e., kg/m2).

**HIGH RISK:** if there are 2 or more Categories where the score is positive  
**LOW RISK:** if there is only 1 or no Categories where the score is positive  
**Question 11 – Many snorers and sleep apnea have nocturia (> 2X / Night)**