

Nancy E. Boyden, ARNP

Name: _____ Date: _____

The Berlin Questionnaire Age _____ Height _____ Weight _____
Neck Cir. _____ BMI _____ kg/m²

- Do you snore? Yes
 No
 Don't Know
- Snoring loudness Loud as breathing
 Loud as talking
 Louder than talking
 Very Loud
- Snoring frequency Almost every day
 3 to 4 times per week
 1 to 2 times per week
 1 to 2 times per month
 Never or almost never
- Does your snoring bother other people? Yes
 No
- How often has your breathing pauses been noticed? Almost every day
 3 to 4 times per week
 1 to 2 times per week
 1 to 2 times per month
 Never or almost never
- Are you tired after sleeping? Almost every day
 3 to 4 times per week
 1 to 2 times per week
 1 to 2 times per month
 Never or almost never
- Are you tired during wake time? Almost every day
 3 to 4 times per week
 1 to 2 times per week
 1 to 2 times per month
 Never or almost never
- Have you ever fallen asleep while driving? Yes
 No
- Do you have high blood pressure? Yes
 No