SoS •Sleep •Breathe •Live
Sound Oxygen Service

www.soundoxygen.com
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Name________________________
Address_____________________
____

Berlin Sleep Questionnaire

Instructions: Complete evaluation & take it with you to your next doctor appointment

SLEEP EVALUATION

1. Complete the following:
   height __________ age ____________
   weight __________ male/female _____

CATEGORY 1

2. Do you snore?
   - ❑ Yes
   - ❑ No
   - ❑ Don't know

If you snore:

3. Your snoring is?
   - ❑ Slightly louder than breathing
   - ❑ As loud as talking
   - ❑ Louder than talking
   - ❑ Very loud…can be heard in adjacent rooms

4. 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

5. Has your snoring ever bothered other people?
   - ❑ Yes
   - ❑ No

6. 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

7. 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

8. During your wake time, do you feel tired, fatigued or not wake up to par?
   - ❑ Nearly every day
   - ❑ 3-4 times a week
   - ❑ 1-2 time a month
   - ❑ Never or nearly never

9. Have you ever nodded off or fallen asleep while driving a vehicle?
   - ❑ Yes
   - ❑ No

   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 = ________

Scoring Questions:	Any answer within highlighted box outline is a positive response
Scoring Categories:	Category 1 is positive with 2 or more positive responses to questions 2-6
	Category 2 is positive with 2 or more positive responses to questions 7-9
	Category 3 is positive with 1 or more positive responses and/or a BMI>30
Final Results:	2 or more categories indicate a high likelihood of sleep disordered breathing