## Berlin Questionnaire

1.	Complete the following:	7. How often do you feel tired or fatigued after
	height age	your sleep? ——
	weight male/female	
	Weight	1-2 times a week
_	_	☐ 1-2 times a month
2.	Do you snore?	never or nearly never
	yes	·
	□ no	<ol><li>During your waketime, do you feel tired,</li></ol>
	☐ don't know	fatigued or not up to par?
lf yo	ou snore:	nearly every day
•	Your snoring is?	<ul><li>3-4 times a week</li></ul>
	slightly louder than breathing	☐ 1-2 times a week
	as loud as talking	☐ 1-2 times a month
	louder than talking	never or nearly never
	very loud. Can be heard in adjacent rooms.	9. Have you ever nodded off or fallen asleep
		while driving a vehicle?
4.	How often do you snore?	yes
	nearly every day	□ no
	3-4 times a week	
	1-2 times a week	If yes, how often does it occur?
	1-2 times a month	□ nearly every day
5.	never or nearly never	☐ 3-4 times a week
	. Has your snoring ever bothered other people?	le? 🔲 1-2 times a week
	□ yes	1-2 times a month
	□ no	☐ never or nearly never
6.	Has anyone noticed that you quit breathing	40. Danier bare bisk blood amorning?
	during your sleep?	10. Do you have high blood pressure?
	nearly every day	yes
	3-4 times a week	□ no
	1-2 times a week	☐ don't know
	1-2 times a month	
	☐ never or nearly never	
		Name
		Address

