Table 44.3: Key Features of the Berlin Questionnaire:

Height

neigni	Age
Weight	Gender
Neck Circumference	
Has your weight changed in the last 5 years?	Increase
rias your weight changed in the last 5 years?	
	Decreased
	No change
Do you snore?	Yes
•	No
	Do not know
Varia anada a la	
Your snoring is	Slightly louder than breathing
	As loud as talking
	Louder than talking
	Very loud
How often do you snore?	Nearly every day
now often do you shore:	
	3 to 4 times per week
	1 to 2 times per week
	1 to 2 times per month
	Never or almost never
Has your snoring bothered other people?	Yes
riad your charing bothered other people.	No
Harris and a confirmation of the confirmation	
Has anyone noticed that you quit breathing during	Almost every day
your sleep?	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 or fatigued after your sleep?	Nearly every day
Are you lifed or fatigued after your sleep?	
	3 to 4 times per week
	1 to 2 times per week
	1 to 2 times per month
	Never or almost never
During your waketime do you feel tired, fatigue or not	Nearly every day
up to par?	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
riave you ever famori deleop will advirig.	No
	NO
	16 - 1 - 16 - 1 - 2 - 2
	If so, how often does it occur?
	Nearly every day
	3 to 4 times per week
	1 to 2 times per week
	1 to 2 times per week
	•
5	Never or almost never
Do you have high blood pressure?	Yes
	No

Age

Do not know Adapted from: Reprinting of the Berlin Questionnaire; From the Editors Sleep and Breathing 2000; 4:187-192. Permission was granted by Kingman P. Strohl.

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