

Table 44.3: Key Features of the Berlin Questionnaire:

Height	Age
Weight	Gender
Neck Circumference	
Has your weight changed in the last 5 years?	Increase
	Decreased
	No change
Do you snore?	Yes
	No
	Do not know
Your snoring is	Slightly louder than breathing
	As loud as talking
	Louder than talking
	Very loud
How often do you snore?	Nearly every day
	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
	No
Has anyone noticed that you quit breathing during your sleep?	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 or fatigued after your sleep?	Nearly every day
	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 up to par?	Nearly 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
	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 month
	Never or almost never
Do you have high blood pressure?	Yes
	No
	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.