

Berlin Sleep Questionnaire

Name: _____ Date: ____/____/____

Height: _____ Weight: _____ Neck Size: _____

Has your weight changed? ___ Yes ___ No Explain: _____

Do you snore? ___ Yes ___ No

Your snoring is:

- Slightly louder than breathing
- As loud as talking
- Louder than talking
- Very Loud

How often do you snore?

- Almost everyday
- 3-4 times per week
- 1-2 times per week
- Never or almost never

Does your snoring bother other people? ___ Yes ___ No

Has anyone noticed you quit breathing during your sleep?

- Almost everyday
- 3-4 times per week
- 1-2 times per week
- Never or almost never

Are you tired after sleeping?

- Almost everyday
- 3-4 times per week
- 1-2 times per week
- Never or almost never

Have you ever nodded off or fallen asleep during driving? ___ Yes ___ No

- Almost everyday
- 3-4 times per week
- 1-2 times per week
- Never or almost never

Do you have high blood pressure? ___ Yes ___ No

Signature _____ (continued on next page)

Epworth Sleepiness Scale

Name: _____ Date: ____/____/____

Your age: _____ Your sex: ___Male ___ Female

How likely are you to doze off or fall asleep in the situations described below, in contrast to feeling just tired?

This refers to your usual way of life in recent times.

Even if you haven't done some of these things recently try to work out how they would have affected you.

Use the following scale to choose the most appropriate number for each situation:

- 0 = Would never doze
- 1 = Slight chance of dozing
- 2 = Moderate chance of dozing
- 3 = High chance of dozing

Situation	Chance of dozing
Sitting and reading.....	_____
Watching TV	_____
Sitting, inactive in a public place (e.g. a theatre or a meeting)	_____
As a passenger in a car for an hour without a break	_____
Lying down to rest in the afternoon when circumstances permit	_____
Sitting and talking to someone	_____
In a car, while stopped for a few minutes in the traffic	_____
Total	_____

Score:
0-10 Normal range
10-12 Borderline
12-24 Abnormal