



Hoag Sleep Health Program

Do you have sleep apnea?



Take the following Berlin Questionnaire® and learn more about the quality of your sleep.

If you think you may have a sleep disorder please discuss your concerns with your physician and/or contact Hoag Sleep Health Program at 949-764-8070.

Height (inches) _____
Weight (lbs) _____
Age _____
Male / Female

Please choose the correct response to each question.

Category 1

- Do you snore?
 - a. Yes
 - b. No
 - c. Don't Know

If you snore:

- Your snoring is?
 - a. Slightly louder than breathing
 - b. As loud as talking
 - c. Louder than talking
 - d. Very loud - can be heard in adjacent rooms
- How often do you snore?
 - a. Nearly every day
 - b. 3-4 times a week
 - c. 1-2 times a week
 - d. 1-2 times a month
 - e. Never or nearly never
- Has your snoring ever bothered other people?
 - a. Yes
 - b. No
 - c. Don't Know

- Has anyone noticed that you quit breathing during your sleep?
 - a. Nearly every day
 - b. 3-4 times a week
 - c. 1-2 times a week
 - d. 1-2 times a month
 - e. Never or nearly never

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

If yes:

- How often does this occur?
 - a. Nearly every day
 - b. 3-4 times a week
 - c. 1-2 times a week
 - d. 1-2 times a month
 - e. Never or nearly never

Scoring – Category 1: items 1, 2, 3, 4, 5.

Item 1: if 'Yes', assign 1 point
Item 2: if 'c' or 'd' is the response, assign 1 point
Item 3: if 'a' or 'b' is the response, assign 1 point
Item 4: if 'a' is the response, assign 1 point
Item 5: if 'a' or 'b' is the response, assign 2 points

_____ Total points

Category 1 is positive if the total score is 2 or more points. Positive: Yes No

Category 2

- How often do you feel tired or fatigued after your sleep?
 - a. Nearly every day
 - b. 3-4 times a week
 - c. 1-2 times a week
 - d. 1-2 times a month
 - e. Never or nearly never
- During your waking time, do you feel tired, fatigued or not up to par?
 - a. Nearly every day
 - b. 3-4 times a week
 - c. 1-2 times a week
 - d. 1-2 times a month
 - e. Never or nearly never

Scoring – Category 2: items 6, 7, 8, (item 9 should be noted separately).

Item 6: if 'a' or 'b' is the response, assign 1 point
Item 7: if 'a' or 'b' is the response, assign 1 point
Item 8: if 'a' is the response, assign 1 point

_____ Total points

Category 2 is positive if the total score is 2 or more points. Positive: Yes No

Category 3

- Do you have high blood pressure?
 - a. Yes
 - b. No
 - c. Don't Know

Scoring – Category 3 is positive if the answer to item 10 is 'Yes' OR if the BMI of the patient is greater than 30.

$$BMI = \frac{\text{lbs} \times 703}{(\text{height in inches})^2}$$

Positive: Yes No

High Risk: if there are 2 or more Categories where the score is positive / **Low Risk:** if there is only 1 or no Categories where the score is positive