

Oprex Medical Group PLLC

Berlin Questionnaire SLEEP EVALUATION

Name _____ Date of Birth _____ Date _____

I. Complete the following:

Height _____ Age _____
Weight _____ Male/Female _____
Has your weight changed?
 Increased
 Decreased
 No change

2. Do you snore?

Yes No Don't know

If you snore:

3. Your snoring is...

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

4. How often do you snore?

Almost every day
 3-4 times a week
 1-2 times a week
 1-2 times a month
 Never or almost never

5. Does your snoring bother other people?

Yes No

6. Has anyone noticed that you quit

breathing during your sleep?

Almost every day
 3-4 times a week
 1-2 times a week
 1-2 times a month
 Never or almost never

CATEGORY 2

7. Are you tired after sleeping?

Almost every day
 3-4 times a week
 1-2 times a week
 1-2 times a month
 Never or almost never

8. Are you tired during waketime?

Almost every day
 3-4 times a week
 1-2 times a week
 1-2 times a month
 Never or almost never

9. Have you ever nodded off or fallen asleep while driving?

Yes No Don't know

If yes, how often does it occur?

Every day
 3-4 times a week
 1-2 times a week
 1-2 times a month
 Never or almost never

10. Do you have high blood pressure?

Yes No Don't know

BMI = _____

BMI = $\frac{\text{Weight}}{\text{Height} \times \text{Height}} \times 703$

CATEGORY 3

CATEGORY 1

- Category 1**, questions 2-6 **High Risk:** 2 or more positive responses to answers highlight in gray
- Category 2**, questions 7-9 **High Risk:** 2 or more positive responses to answers highlight in gray
- Category 3**, question 10 **High Risk:** A **YES** response and/or BMI > 30

Final Result: 2 or more checked categories indicates high likelihood of sleep apnea

Body Mass Index Table

		Weight (pounds)													
		120	130	140	150	160	170	180	190	200	210	220	230	240	250
Height	5'0"	23	25	27	29	31	33	35	37	39	41	43	45	47	49
	5'2"	22	24	26	27	29	31	33	35	37	38	40	42	44	46
	5'4"	21	22	24	26	28	29	31	33	34	36	38	40	41	43
	5'6"	19	21	23	24	26	27	29	31	32	34	36	37	39	40
	5'8"	18	20	21	23	24	26	27	29	30	32	34	35	37	38
	5'10"	17	19	20	22	23	24	26	27	29	30	32	33	35	36
	6'0"	16	18	19	20	22	23	24	26	27	29	30	31	33	34
	6'2"	15	17	18	19	21	22	23	24	26	27	28	30	31	32